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No. 81-11

In The

# Supreme Court of the United States

October Term, 1981

INWOOD LABORATORIES, INC., et al.,
*Petitioners,*

*vs.*

IVES LABORATORIES, INC.,
*Respondent.*

DARBY DRUG CO., INC., et al.,
*Petitioners,*

*vs.*

IVES LABORATORIES, INC.,
*Respondent.*

*On Writ of Certiorari to the United States Court of Appeals for the Second Circuit*

## JOINT APPENDIX

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**Petition for *Certiorari* Filed June 24, 1981**
***Certiorari* Granted October 13, 1981**

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**PLAINTIFF'S EXHIBIT 7**

**PLAINTIFF'S EXHIBIT 8**

PLAINTIFF'S EXHIBIT 18

United States Patent Office

2,707,193

Patented Apr. 26, 1955

1

2,707,193

# 3,3,5-TRIMETHYL CYCLOHEXANOL-1 MANDELATE

Wijbe Thomas Nauta, Amsterdam, Netherlands, assignor to N. V. Koninklijke Pharmaceutische Fabrieken Voorheen Brocades-Stheeman & Pharmacia, Amsterdam, Netherlands, a company of the Netherlands

No Drawing. Application March 8, 1954, Serial No. 414,551

Claims priority, application Netherlands June 7, 1949

1 Claim. (Cl. 260—473)

This application is a continuation-in-part of my U. S. application Ser. No. 166,295, filed June 5, 1950, now abandoned.

Papaverine, i. e. 1-(3',4'-dimethoxybenzyl) 6,7-dimethoxy iso-quinoline, has been in use for a considerable time as a spasmolytic. A great many attempts have been made to find other spasmolytics; a summary was published by Blicke in Annual Review of Biochemistry, 13, 549–574 (1944). From this it is clear that besides amines and amides the substances attracting special attention were esters, among them esters of di-substituted acetic acids. These esters invariably contain basic nitrogen in the alcohol component. It has also been described in the literature that the piperidino-ethanol ester of di-n-butyl acetic acid is an excellent spasmolytic.

It has now been found that the 3.3.5-trimethylcyclohexanol-1 ester of mandelic acid exhibits a spasmolytic activity which is significantly surpassing that of papaverine. A great advantage consists further in that the toxicity of the said compound is small as compared with that of papaverine. Thus the LD50 for papaverine is 150 mg. and that of the 3.3.5-trimethylcyclohexanol-1 ester of mandelic acid about 4000 mg. both per kg. mouse and administered subcutaneously.

2

The ester described above is a novel compound.

It appeared to make little difference whether the laevo- or dextro-rotatory form of mandelic acid was used or di-mandelic acid.

Several esters of mandelic acid were already known per se, they are the methyl, ethyl, propyl, iso-butyl, 2-methyl, butyl, n-hexyl, benzyl, menthyl and bornyl esters. I had these esters tested and found that as to their spasmolytic activity they are significantly inferior to that of the 3.3.5-trimethylcyclohexanol-1 ester, as follows from the table below:

| Alcohol component | Mandelic acid | B. P. or M. P. of the ester | Antagonistic to spasms provoked in the isolated Guinea pig intestine by acetyl choline; equivalent per gram-mol |
|---|---|---|---|
| 3.3.5-trimethylcyclohexanol-1. | dl | (50–53° C.; 162–164° C./14 mm. (lower melting form).<br>63–65° C.; 134–135° C./1 mm. (higher melting form). | 100 |
| methanol | dl | 57° C.; 127° C./14 mm. | 0.5 |
| ethanol | dl | 58–61° C.; 138–141° C./14 mm. | 0.7 |
| propanol-1 | dl | 150° C./31 mm. | 2.4 |
| butanol-2 | dl | 141–142° C./12 mm. | 4.5 |
| 3-methylbutanol-1 | dl | 149° C./20 mm. | 25 |
| benzyl-alcohol | dl | 98–99° C. | 72 |
| l-menthyl-alcohol | dl | 81–83° C. | <10 |
| l-bornyl-alcohol | dl | 79° C. | (1) |
| papaverine | dl | | 97 |

(1) Intestine damaged by the ester; this ester is not so much a spasmolytic, but more a paralysing drug, so that it cannot be used in practice as a spasmolytic. Accordingly, this measurement of its spasmolytic activity is not accurate; at all events it is considerably less than that of the 3.3.5-trimethylcyclohexanol-1 ester.

The activity of the 3.3.5-trimethyl cyclohexanol-1 ester has been put at 100.

The following is an example of the production of the ester claimed by means of esterification:

50 g. of dl-mandelic acid are heated for 6 hours at approximately 100° C. with 50 g. of 3.3.5-trimethyl cyclohexanol (mixture of cis- and trans-isomer), while passing dry hydrochloric acid gas through the mixture. The reaction product is subsequently poured out into water. After neutralization with potassium bicarbonate the ester is extracted with ether. The ether extract is dried with sodium sulphate, the ether is distilled off and the residue is distilled in vacuo. The fraction, which has a boiling point of 192–194° C. at 14 mm., consists of the 3.3.5-tri-methylcyclohexyl ester of mandelic acid, which is obtained in a yield of about 70%.

The liquid solidifies to a colourless solid substance having a melting point of 50–53° C.

What I claim is:

The 3.3.5-trimethylcyclohexanol-1 ester of mandelic acid.

No references cited.

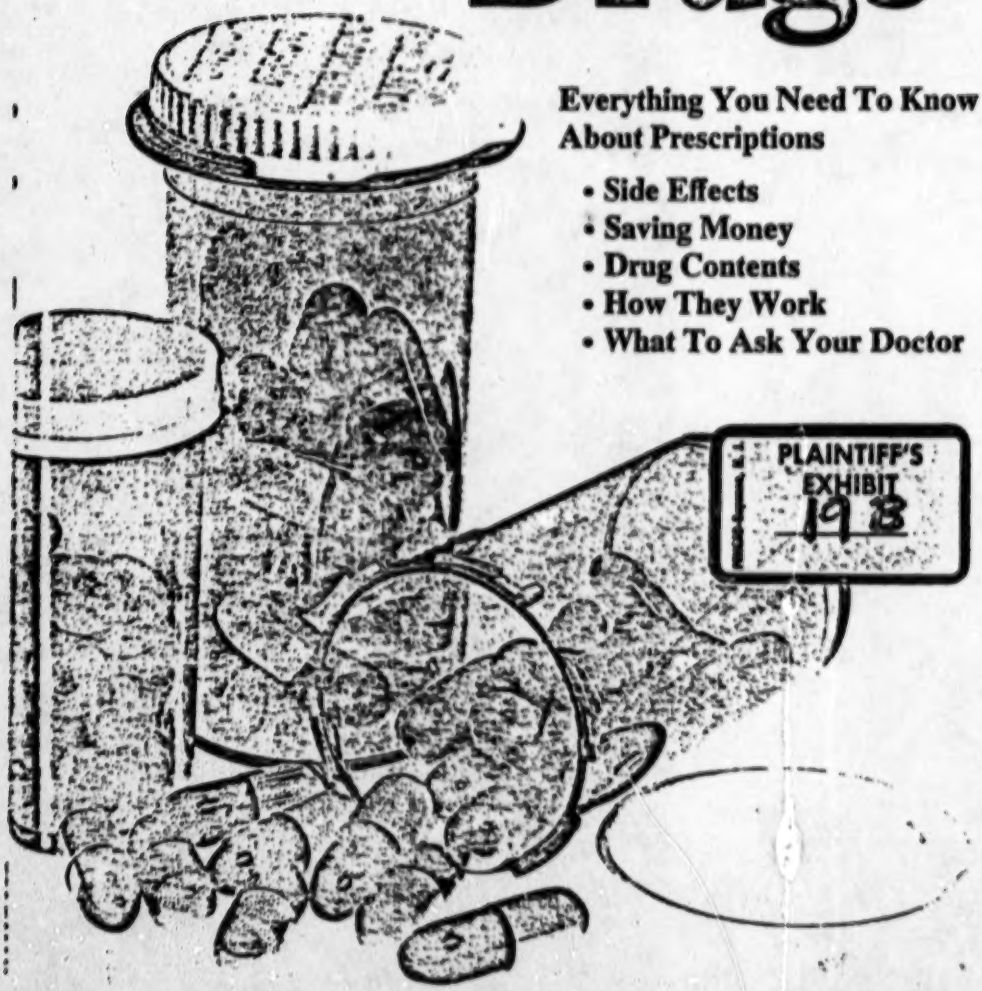
Best Copy Available

PLAINTIFF'S EXHIBIT 19B

By The Editors Of Consumer Guide®

# Prescription Drugs

MARBORO 199 $2.95



**Everything You Need To Know About Prescriptions**

- Side Effects
- Saving Money
- Drug Contents
- How They Work
- What To Ask Your Doctor

PLAINTIFF'S EXHIBIT 19B

Plaintiff's Exhibit 19B

# Prescription Drugs

by the Editors of CONSUMER GUIDE®
with Thomas A. Gossel, R.Ph., Ph.D.
and Donald W. Stansloski, R.Ph., Ph.D.

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Cover Photo: Mel Winer

Plaintiff's Exhibit 19B

barbiturates, chloral hydrate, chloramphenical, cholestyramine, clofibrate, dextrothyroxine, diazoxide, disulfiram, ethacrynic acid, ethchlorvynol, glucagon, glutethimide, griseofulvin, Indocin, mefenamic acid, neomycin, oral antidiabetics, oral contraceptives, oxyphenbutazone, phenylbutazone, phenytoin, quinidine, rifampin, salicylates, steroids, thyroid, triclofos, tricyclic antidepressants

**Comments:** Coumadin interacts with many other drugs; do not start or stop taking another medication, including aspirin, without checking with your doctor.

If clots fail to form over cuts and bruises or if purple spots appear under bruised skin, call your doctor immediately.

**CYCLANFOR® (Forest Laboratories, Inc.), see Cyclospasmol®.**

## CYCLOSPASMOL®

**Manufacturer:** Ives Laboratories Inc.
**Generic Name:** cyclandelate
**Generic Equivalents:** Cyclanfor® (Forest Laboratories, Inc.); Cydel® (W.E. Hauck, Inc.)
**Dosage Forms:** Cyclospasmol capsules: 200 mg (blue), 400 mg (blue/red); tablets: 100 mg (orange)
**Drug Category:** Vasodilator
**Use:** Dilation of blood vessels
**Minor Side Effects:** Flushing, headache, stomach distress
**Major Side Effects:** Palpitations, weakness
**Contraindications:** Except during the first trimester of pregnancy, there are no documented contraindications to this drug.
**Warnings and Precautions:** Glaucoma, hardening of the arteries, heart disease
**Interacts With:** No significant drug interactions
**Comments:** While Cyclospasmol dilates blood vessels, a government panel of experts has determined that the drug is only "possibly" effective in the treatment of hardening of the arteries, leg cramps, and in the prevention of stroke.

While taking Cyclospasmol, do not take any nonprescription item for cough, cold, or sinus problems without first checking with your doctor.

Stomach distress is usually mild and can be avoided by taking the drug with food or an antacid.

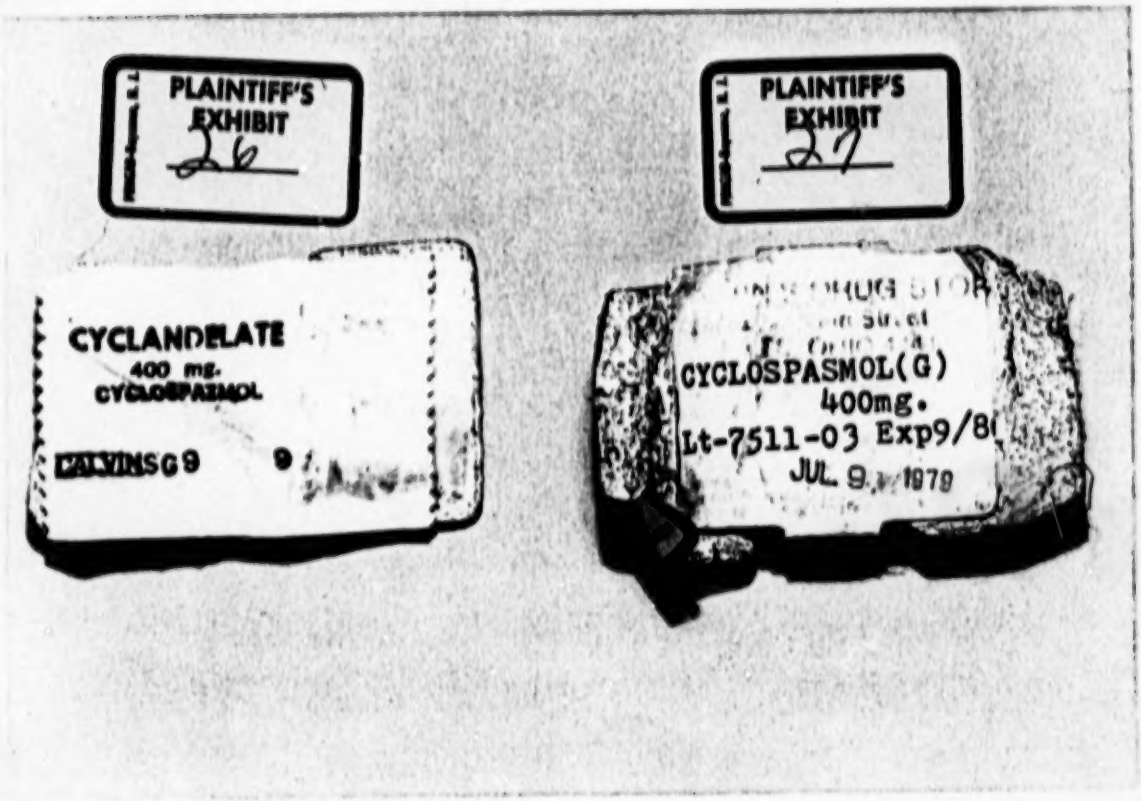
Mild side effects (e.g., nasal stuffiness) are most noticeable during the first two weeks of therapy and become less bothersome after this period.

Generic brands of Cyclospasmol are available and vary widely in cost. Ask your doctor to prescribe a generic preparation; then ask your pharmacist to fill it with the least expensive brand.

**CYDEL® (W.E. Hauck, Inc.), see Cyclospasmol®.**

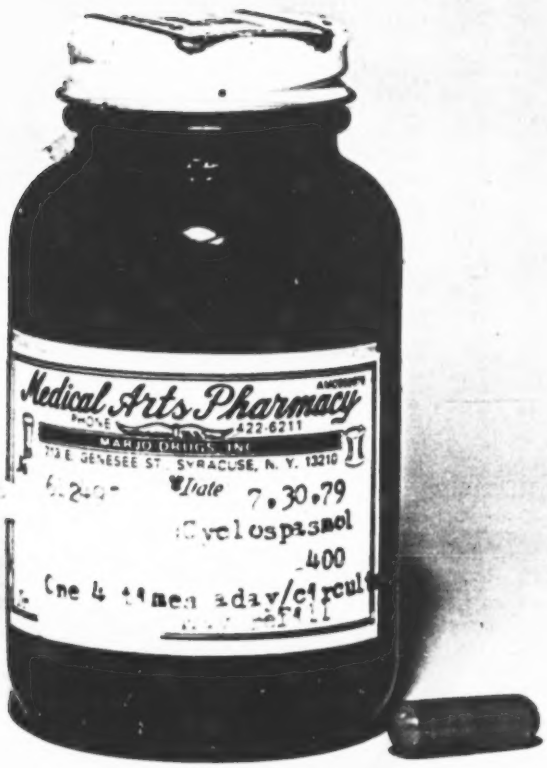
PLAINTIFF'S EXHIBIT 26

PLAINTIFF'S EXHIBIT 27



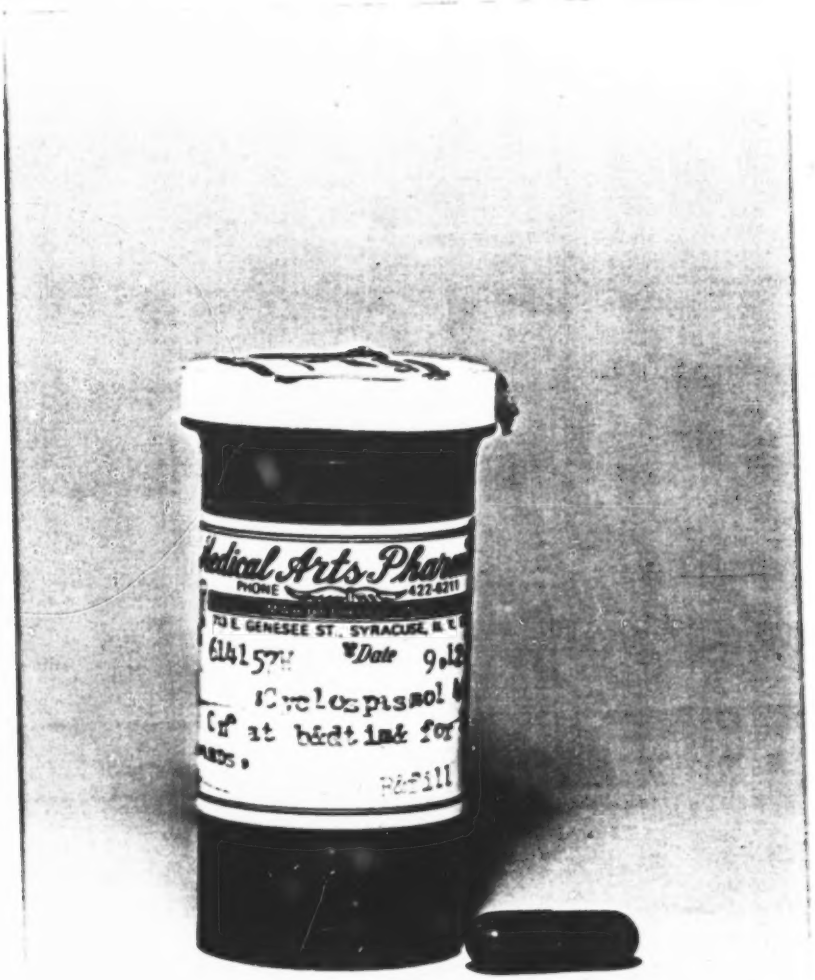
**PLAINTIFF'S EXHIBIT 28**

**PLAINTIFF'S EXHIBIT 29**

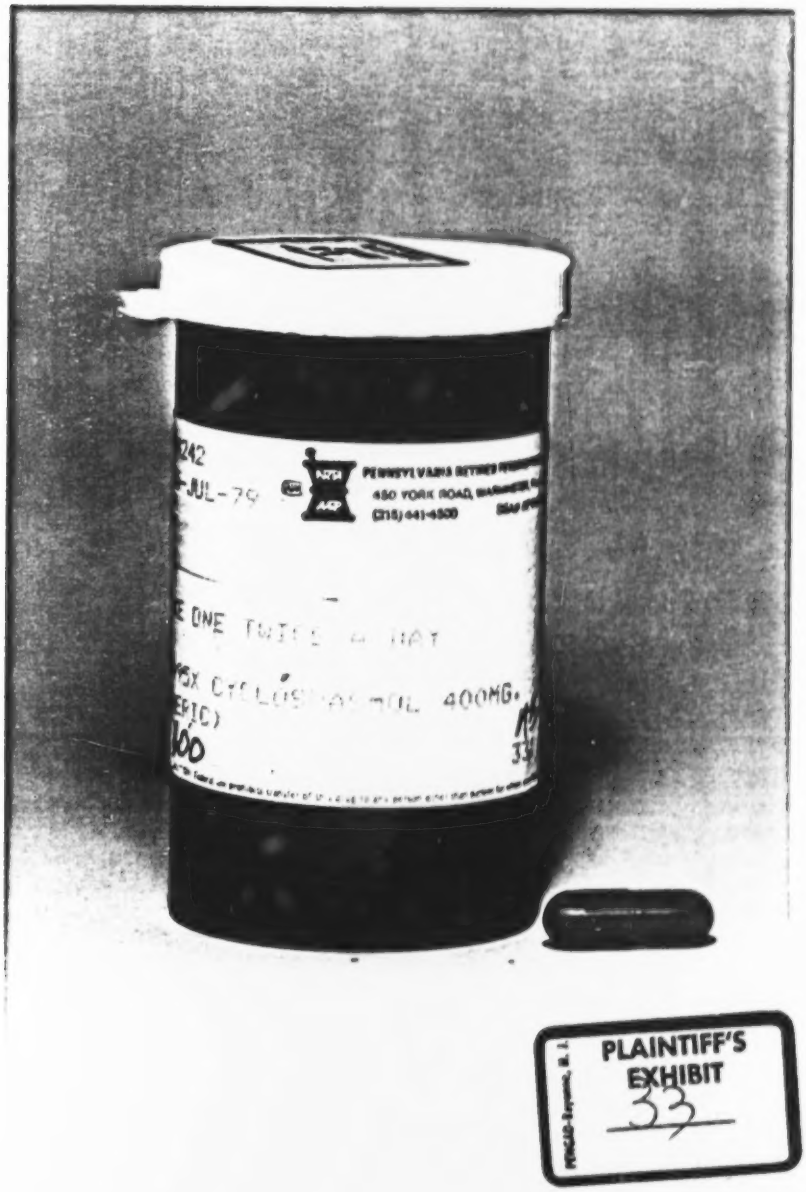



PLAINTIFF'S EXHIBIT 29

**PLAINTIFF'S EXHIBIT 30**



**PLAINTIFF'S EXHIBIT 33**



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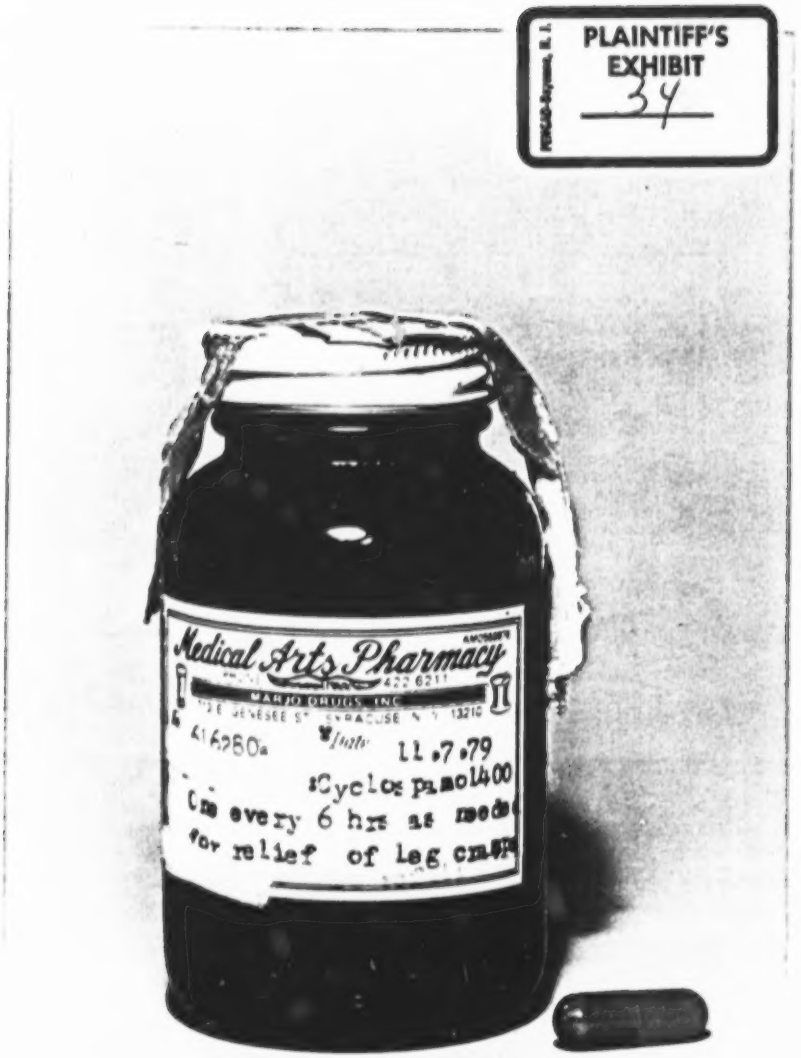

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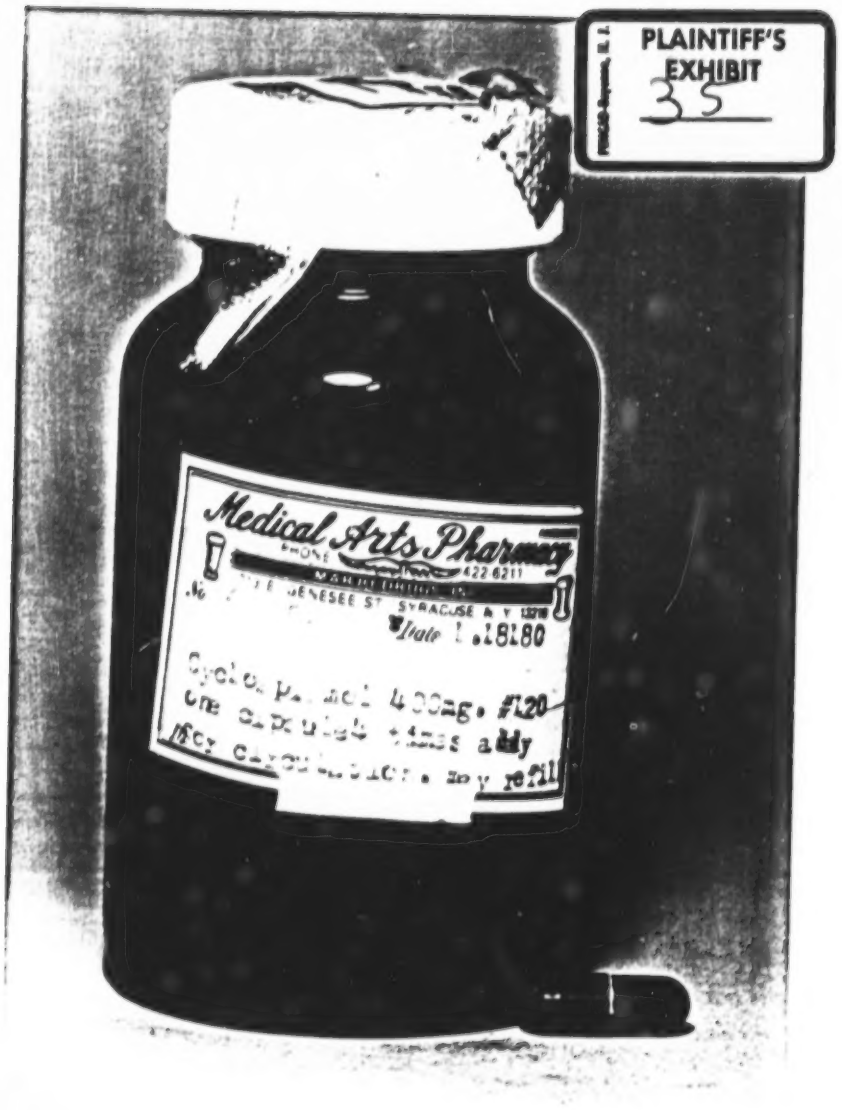

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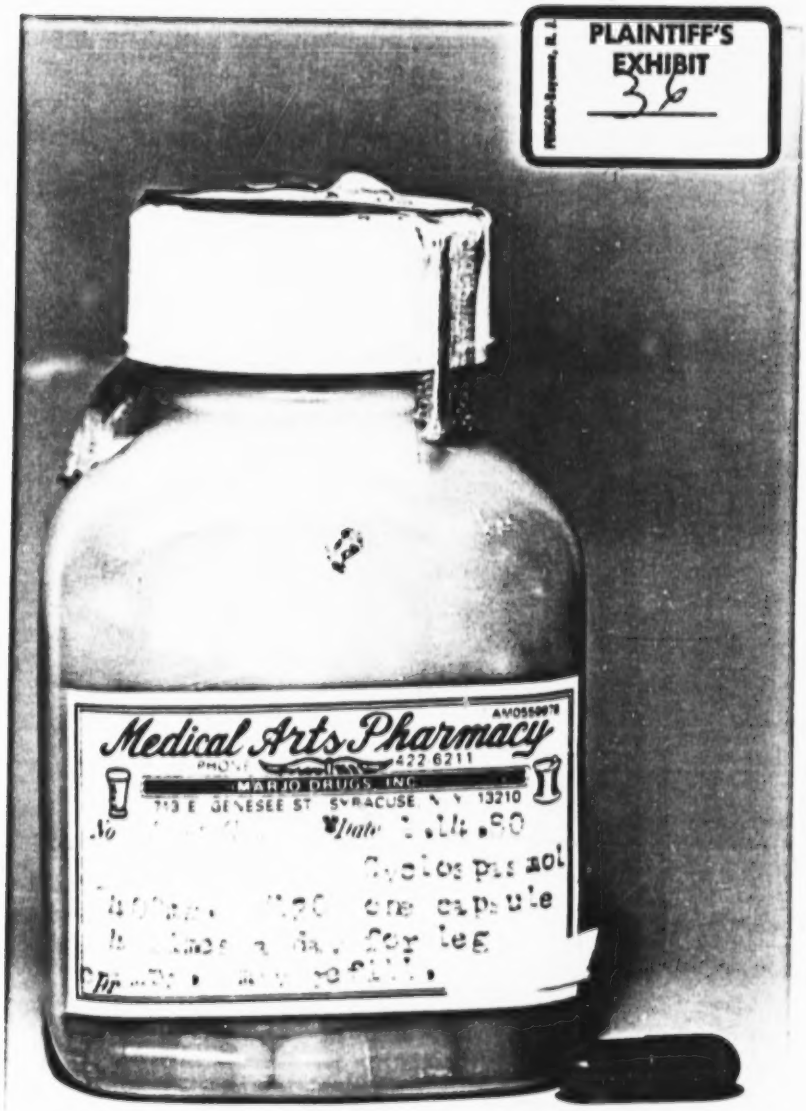

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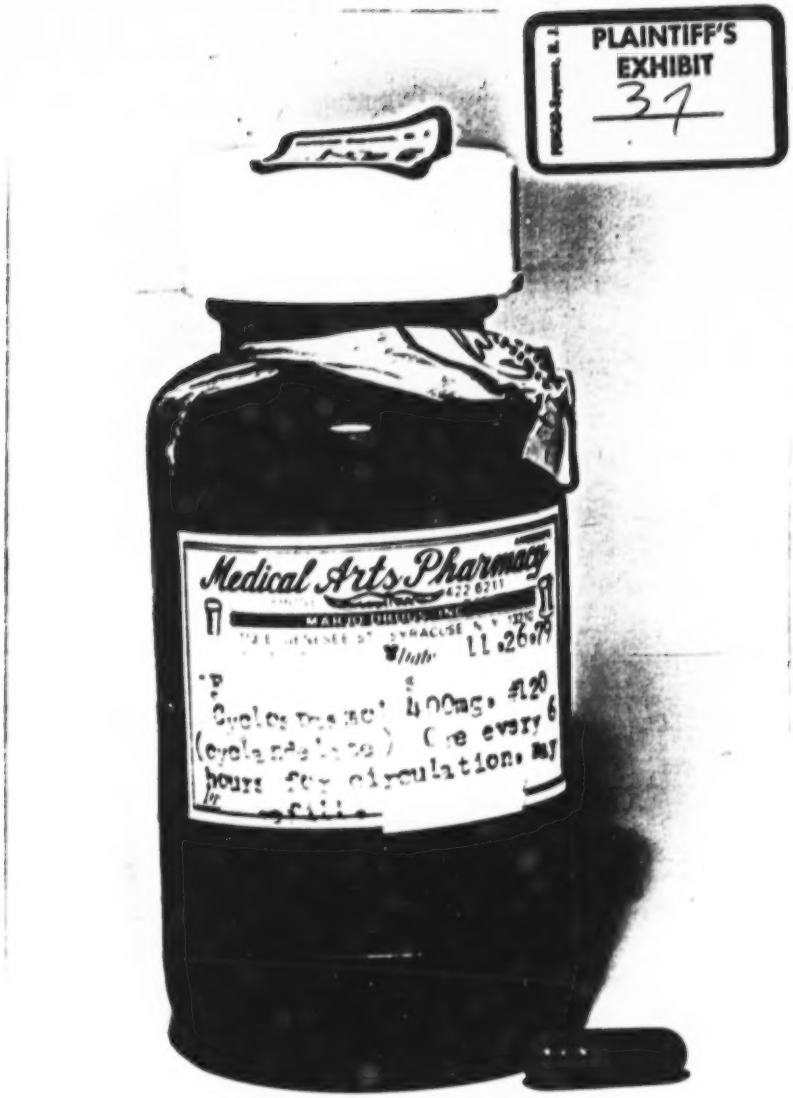
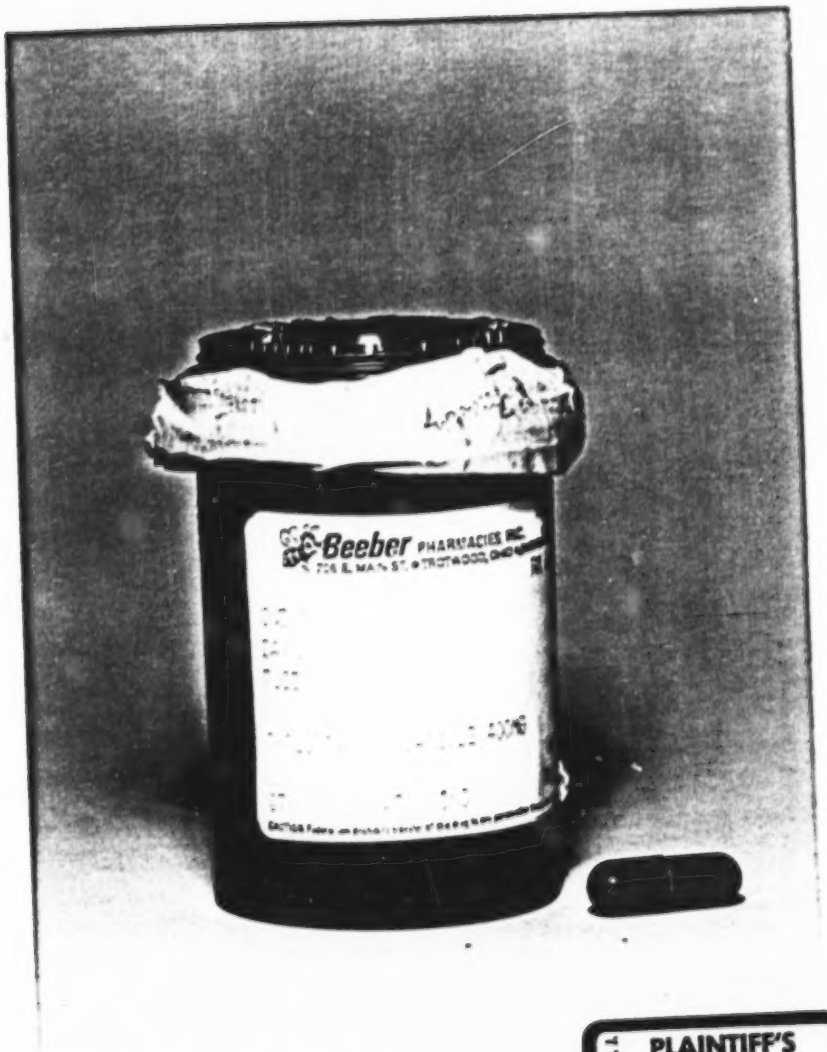
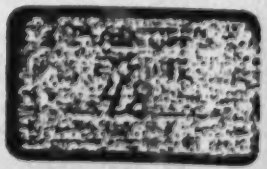


**PLAINTIFF'S EXHIBIT 38**




PLAINTIFF'S EXHIBIT 38

**PLAINTIFF'S EXHIBIT 48**



**Plaintiff's Exhibit 48**

# creams

KENALOG and ARISTOCORT EQUIVALENT

## ARISTALOG CREAM

**(Triamcinolone Acetonide Cream, U.S.P.)**

**DESCRIPTION:** Triamcinolone Acetonide in an aqueous, vanishing cream base containing propylene glycol, cetyl alcohol, glyceryl stearates, spermaceti (synthetic), isopropyl palmitate, polysorbate 60 and polysorbate 80.

| | | |
|---|---|---|
| 0.025% | 0935-35 | 15 g. tube |
| | 0935-17 | 60 g. tube |
| | 0935-20 | 5 lb. jar |
| 0.1% | 0937-35 | 15 g. tube |
| | 0937-17 | 60 g. tube |
| | 0937-20 | 5 lb. jar |
| 0.5% | 0939-35 | 15 g. tube |
| | 0939-08 | 6 oz. jar |

MYCOLOG EQUIVALENT

## MYCO ARISTALOG CREAM

**(Nystatin-Neomycin Sulfate-Gramicidin-Triamcinolone Acetonide Cream)**

**DESCRIPTION:** This product, Nystatin-Neomycin Sulfate-Gramicidin-Triamcinolone Acetonide Cream combines, in each gram of aqueous, tinted, perfumed, vanishing cream base: triamcinolone acetonide 1 mg., nystatin 100,000 Units, neomycin sulfate equiv. to neomycin base 2.5 mg., gramicidin 0.25 mg.

The preparation also contains polysorbate 60, aluminum hydroxide concentrated wet gel, titanium dioxide, glyceryl monostearate, polyethylene glycol monostearate, simethicone emulsion, sorbic acid, propylene glycol, ethylenediamine hydrochloride, white petrolatum, polyoxyethylene fatty alcohol ether, methylparaben, propylparaben, and sorbitol solution.

| | |
|---|---|
| 0941-35 | 15 g. tube |
| 0941-19 | 60 g. tube |
| 0941-04 | 4 oz. jar |
| 0941-16 | 1 lb. jar |

MYCOSTATIN EQUIVALENT

## NYSTATIN CREAM

**DESCRIPTION:** Nystatin Cream contains 100,000 units per gram of Nystatin, U.S.P. in an aqueous, perfumed, vanishing cream base containing aluminum hydroxide concentrated wet gel, titanium dioxide, sodium hydroxide, propylene glycol, polyoxyethylene fatty alcohol ether, white petrolatum, methylparaben, propylparaben, simethicone emulsion, sorbitol solution, glyceryl monostearate, and polyethylene glycol monostearate.

| | |
|---|---|
| 0955-35 | 15 g. tube |

NOTE: All tubes supplied with peel off labels.

**Plaintiff's Exhibit 48**

# tablets and capsules

ACTIFED EQUIVALENT
## ACTI-HEM TABLETS

Each tablet contains:
Triprolidine HCl 2.5 mg.
Pseudoephedrine HCl 60 mg.

**White, Compressed Tablet, Bisected**

0979-01 Bottles of 100
0979-10 Bottles of 1000

APRESOLINE EQUIVALENT
## HYDRALAZINE HCl TABLETS, U.S.P.

**25 mg. Blue, Compressed Tablet**

0945-01 Bottles of 100
0945-10 Bottles of 1000

**50 mg. Pink, Compressed Tablet**

0947-01 Bottles of 100
0947-10 Bottles of 1000

ARLIDIN EQUIVALENT
## NYLIDRIN HCl TABLETS, N.F.

**6 mg. White, Compressed Tablet, Bisected**

0963-01 Bottles of 100
0963-10 Bottles of 1000

**12 mg. White, Compressed Tablet, Bisected**

0965-01 Bottles of 100
0965-10 Bottles of 1000

BENADRYL EQUIVALENT
## DIPHENHYDRAMINE HCl CAPSULES, U.S.P.

**25 mg. Pink & Clear, Hard Shell Capsule**

0245-01 Bottles of 100
0245-10 Bottles of 1000

**50 mg. Pink, Hard Shell Capsule**

0247-01 Bottles of 100
0247-10 Bottles of 1000

CYCLOSPASMOL EQUIVALENT
## CYCLANDELATE CAPSULES

**200 mg. Powder Blue, Hard Shell Capsule**

0919-01 Bottles of 100
0919-10 Bottles of 1000

**400 mg. Red & Blue, Hard Shell Capsule**

0977-01 Bottles of 100
0977-05 Bottles of 500
0977-10 Bottles of 1000

DARVON EQUIVALENT
## PROPOXYPHENE HCl CAPSULES, U.S.P.

**65 mg. Pink, Hard Shell Capsule**

0741-01 Bottles of 100
0741-10 Bottles of 1000

DARVON COMP'D-65 EQUIVALENT
## PROPOXYPHENE COMP'D-65 CAPSULES

Each capsule contains:
Propoxyphene HCl 65 mg.
Aspirin 227 mg. (3½ gr.)
Phenacetin 162 mg. (2½ gr.)
Caffeine 32.4 mg. (½ gr.)

**Red & Grey, Hard Shell Capsule**

0783-01 Bottles of 100
0783-05 Bottles of 500
0783-10 Bottles of 1000

DILANTIN EQUIVALENT
## PHENYTOIN SODIUM CAPSULES, U.S.P.

**100 mg. (1½ gr.) Clear, Hard Shell Capsule**

0857-01 Bottles of 100
0857-10 Bottles of 1000

DIMETANE EQUIVALENT
## BROMPHENIRAMINE MALEATE TABLETS, N.F.

**4 mg. Peach, Compressed Tablet, Bisected**

0995-01 Bottles of 100
0995-10 Bottles of 1000

DIMETAPP EXTENTABS EQUIVALENT
## PHENATAPP EXTENDED ACTION TABLETS

Each tablet contains:
Brompheniramine Maleate 12 mg.
Phenylephrine HCl 15 mg.
Phenylpropanolamine HCl 15 mg.

**Sky Blue, Sugar Coated Extended Action Tablet**

0901-01 Bottles of 100
0901-10 Bottles of 1000

DISOPHROL CHRONOTAB EQUIVALENT
## DISOHIST SUSTAINED ACTION TABLETS

Each tablet contains:
Dexbrompheniramine Maleate, not N.F., 6 mg.
D-isoephedrine Sulfate 120 mg.

**Red, Sugar Coated, Extended Action Tablet**

0993-01 Bottles of 100
0993-05 Bottles of 500

DRIXORAL EQUIVALENT
## DRIXOHIST SUSTAINED ACTION TABLETS

Each tablet contains:
Dexbrompheniramine Maleate, not N.F., 6 mg.
D-isoephedrine Sulfate 120 mg.

**Green, Sugar Coated, Extended Action Tablet**

0981-01 Bottles of 100
0981-05 Bottles of 500

**Plaintiff's Exhibit 48**

ESIDRIX EQUIVALENT
## HYDROCHLOROTHIAZIDE TABLETS, U.S.P.

**50 mg. Yellow, Compressed Tablet, Bisected**

| | |
|---|---|
| 0778-01 | Bottles of 100 |
| 0778-10 | Bottles of 1000 |

## FOLIC ACID TABLETS, U.S.P.

**1 mg. Yellow, Compressed Tablet, Bisected**

| | |
|---|---|
| 0843-01 | Bottles of 100 |
| 0843-10 | Bottles of 1000 |

## HYDROCORTISONE TABLETS, U.S.P.

**20 mg. White, Compressed Tablet, Bisected**

| | |
|---|---|
| 0329-01 | Bottles of 100 |

HYDRODIURIL EQUIVALENT
## HYDROCHLOROTHIAZIDE TABLETS, U.S.P.

**25 mg. Peach, Compressed Tablet, Bisected**

| | |
|---|---|
| 0777-01 | Bottles of 100 |
| 0777-10 | Bottles of 1000 |

**50 mg. Peach, Compressed Tablet, Bisected**

| | |
|---|---|
| 0779-01 | Bottles of 100 |
| 0779-10 | Bottles of 1000 |

HYDROPRES EQUIVALENT
## HYDRO-SERP TABLETS

"25" . . . Each tablet contains:
Hydrochlorothiazide 25 mg.
Reserpine 0.125 mg.

**Green, Compressed Tablet, Bisected**

| | |
|---|---|
| 0923-01 | Bottles of 100 |
| 0923-10 | Bottles of 1000 |

"50" . . . Each tablet contains:
Hydrochlorothiazide 50 mg.
Reserpine 0.125 mg.

**Green, Compressed Tablet, Bisected**

| | |
|---|---|
| 0921-01 | Bottles of 100 |
| 0921-10 | Bottles of 1000 |

MAALOX EQUIVALENT
## ALU-MAG TABLETS

**A balanced formulation of Magnesium and Aluminum Hydroxides**

**White, Compressed Tablet, Bisected**

| | |
|---|---|
| 0891-10 | Bottles of 1000 |

## MEPROBAMATE TABLETS, U.S.P.

**200 mg., White, Compressed Tablet**

| | |
|---|---|
| 0365-10 | Bottles of 1000 |

**400 mg., White, Compressed Tablet, Bisected**

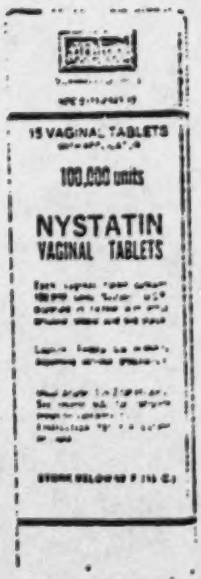
| | |
|---|---|
| 0367-10 | Bottles of 1000 |

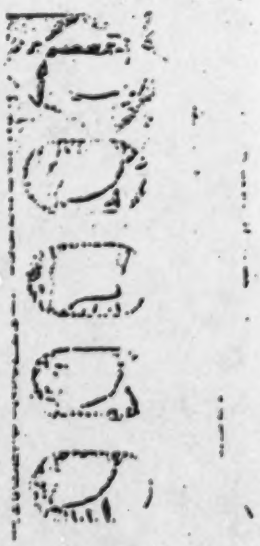
MYCOSTATIN VAGINAL EQUIVALENT
## NYSTATIN VAGINAL TABLETS, U.S.P.

**100,000 Units, Pale Yellow Compressed Tablet, Diamond Shape**

| | |
|---|---|
| 0934-15 | Packages of 15 |
| 0934-30 | Packages of 30 |

Individually foil wrapped tablets with applicator and "Instructions for the patient" leaflet.



Instructions
For The Patient

**Plaintiff's Exhibit 48**

NORFLEX EQUIVALENT
ORPHENADRINE CITRATE TABLETS

100 mg. White, Compressed Tablets

| | |
|---|---|
| 0915-01 | Bottles of 100 |
| 0915-05 | Bottles of 500 |
| 0915-10 | Bottles of 1000 |

PREDNISOLONE TABLETS, U.S.P.

5 mg. Orange, Compressed Tablet, Bisected

| | |
|---|---|
| 0507-01 | Bottles of 100 |
| 0507-10 | Bottles of 1000 |

PREDNISONE TABLETS, U.S.P.

5 mg. White, Compressed Tablet, Bisected

| | |
|---|---|
| 0509-01 | Bottles of 100 |
| 0509-10 | Bottles of 1000 |

SER-AP-ES EQUIVALENT
RESERPINE, HYDRALAZINE HCl AND HYDROCHLOROTHIAZIDE TABLETS

Each tablet contains:
Hydrochlorothiazide 15 mg.
Hydralazine HCl 25 mg.
Reserpine 0.1 mg.

Salmon, Compressed Tablet

| | |
|---|---|
| 0887-01 | Bottles of 100 |
| 0887-10 | Bottles of 1000 |

SUDAFED EQUIVALENT
PSEUDOEPHEDRINE HCl TABLETS, N.F.

60 mg. White, Compressed Tablet, Bisected

| | |
|---|---|
| 0917-01 | Bottles of 100 |
| 0917-10 | Bottles of 1000 |

TYLENOL EQUIVALENT
ACETAMINOPHEN TABLETS, U.S.P.

325 mg. (5 gr.) White, Compressed Tablet, Bisected

| | |
|---|---|
| 0839-01 | Bottles of 100 |
| 0839-10 | Bottles of 1000 |

TOFRANIL EQUIVALENT
IMIPRAMINE HCl TABLETS, U.S.P.

10 mg. Coral, Sugar Coated Tablet, Triangular Shape

| | |
|---|---|
| 0925-01 | Bottles of 100 |
| 0925-10 | Bottles of 1000 |

25 mg. Coral, Sugar Coated Tablet

| | |
|---|---|
| 0927-01 | Bottles of 100 |
| 0927-10 | Bottles of 1000 |

50 mg. Coral, Sugar Coated Tablet

| | |
|---|---|
| 0929-01 | Bottles of 100 |
| 0929-10 | Bottles of 1000 |

VASODILAN EQUIVALENT
ISOXSUPRINE HCl TABLETS, N.F.

10 mg. White, Compressed Tablet, Imprinted "10"

| | |
|---|---|
| 0911-01 | Bottles of 100 |
| 0911-10 | Bottles of 1000 |

20 mg. White, Compressed Tablet, Bisected, Imprinted "20"

| | |
|---|---|
| 0913-01 | Bottles of 100 |
| 0913-05 | Bottles of 500 |
| 0913-10 | Bottles of 1000 |

**Plaintiff's Exhibit 48**

ACTIFED EQUIVALENT
ACTI-PHEN SYRUP

**Neutral flavor, Yellow color**

Each 5 ml. contains:
Triprolidine HCl 1.25 mg.
Pseudoephedrine HCl 30 mg.

| | |
|---|---|
| 0991-04 | 4 oz. Bottle |
| 0991-16 | 16 oz. Bottle |
| 0991-28 | Gallon Bottle |

AMPHOJEL EQUIVALENT
ALUMINUM HYDROXIDE GEL

**Peppermint Flavor, White Color**

Each 5 ml. contains:
Colloidal Aluminum Hydroxide Gel

| | |
|---|---|
| 0873-07 | 12 oz. Bottle |
| 0873-28 | Gallon Bottle |

BENADRYL EQUIVALENT
DIPHENHYDRAMINE HCl ELIXIR

**Aromatic flavor, Red color**

Each 5 ml. contains:
Diphenhydramine HCl 12.5 mg.
Alcohol 14%

| | |
|---|---|
| 0889-04 | 4 oz. Bottle |
| 0889-16 | 16 oz. Bottle |
| 0889-28 | Gallon Bottle |

BENYLIN EQUIVALENT
DIPHENHYDRAMINE HCl
EXPECTORANT

**Cherry-Raspberry flavor, Red color**

Each 5 ml. contains:
Diphenhydramine HCl 12.5 mg.
Ammonium Chloride 125 mg.
Sodium Citrate 50 mg.
Menthol 1 mg.
Alcohol 5%

| | |
|---|---|
| 0893-04 | 4 oz. Bottle |
| 0893-16 | 16 oz. Bottle |
| 0893-28 | Gallon Bottle |

DIMETANE EQUIVALENT
PHENATANE EXPECTORANT

**Cherry flavor, Pale Pink color**

Each 5 ml. contains:
Brompheniramine Maleate, N.F. 2 mg.
Phenylephrine HCl, U.S.P. 5 mg.
Phenylpropanolamine HCl, N.F. 5 mg.
Guaifenesin, N.F. 100 mg.
Alcohol 3.5%

| | |
|---|---|
| 0763-04 | 4 oz. Bottle |
| 0763-16 | 16 oz. Bottle |
| 0763-28 | Gallon Bottle |

DIMETAPP EQUIVALENT
PHENATAPP ELIXIR

**Grape flavor, Purple color**

Each 5 ml. contains:
Brompheniramine Maleate, N.F. 4 mg.
Phenylephrine HCl, U.S.P. 5 mg.
Phenylpropanolamine HCl, N.F. 5 mg.
Alcohol 2.3%

| | |
|---|---|
| 0761-04 | 4 oz. Bottle |
| 0761-16 | 16 oz. Bottle |
| 0761-28 | Gallon Bottle |

DONNATOL EQUIVALENT
BELLADOL ELIXIR

**Orange flavor, Green color**

Each 5 ml. contains:
Hyoscyamine Sulfate 0.1037 mg.
Atropine Sulfate 0.0194 mg.
Hyoscine Hydrobromide 0.0085 mg.
Phenobarbital (1/4 gr.) 16.2 mg.
Alcohol 23%

| | |
|---|---|
| 0877-04 | 4 oz. Bottle |
| 0877-16 | 16 oz. Bottle |
| 0877-28 | Gallon Bottle |

ELIXOPHYLLIN EQUIVALENT
THEOPHYLLINE ELIXIR

**Orange Flavor, Orange color**

Each 15 ml. contains:
Theophylline (Anhydrous) 80 mg.
Alcohol 20%
in a palatable aromatic base.

| | |
|---|---|
| 0623-04 | 4 oz. Bottle |
| 0623-16 | 16 oz. Bottle |
| 0623-28 | Gallon Bottle |

KAY CIEL EQUIVALENT
POTASSIUM CHLORIDE
LIQUID CONC.

**10%, Sugar Free, Orange color**

Each 15 ml. contains:
Potassium Chloride 1.5 g.
(supplying 20 mEq.)
Alcohol 4%

| | |
|---|---|
| 0701-04 | 4 oz. Bottle |
| 0701-16 | 16 oz. Bottle |
| 0701-28 | Gallon Bottle |

KAOCHLOR EQUIVALENT
POTASSIUM CHLORIDE
LIQUID CONC.

**20%, Sugar Free, Red color**

Each 15 ml. contains:
Potassium Chloride 3 g.
(supplying 40 mEq.)
Alcohol 5%

| | |
|---|---|
| 0730-04 | 4 oz. Bottle |
| 0730-16 | 16 oz. Bottle |
| 0730-28 | Gallon Bottle |

KAOCHLOR WITH SUGAR EQUIVALENT
POTASSIUM CHLORIDE
LIQUID CONC.

**10%, with Sugar, Yellow color**

Each 15 ml. contains:
Potassium Chloride 1.5 g.
(supplying 20 mEq.) with sugar
Alcohol 5%

| | |
|---|---|
| 0951-04 | 4 oz. Bottle |
| 0951-16 | 16 oz. Bottle |
| 0951-28 | Gallon Bottle |

MAALOX EQUIVALENT
ALU-MAG ANTACID
SUSPENSION

**Mint flavor, White color**

A balanced formulation of Magnesium
and Aluminum Hydroxides

| | |
|---|---|
| 0875-07 | 12 oz. Bottle |
| 0875-28 | Gallon Bottle |

PHENERGAN EQUIVALENT
PROMETHAZINE EXPECTORANT
Plain

**Cherry flavor, Green color**

Each 5 ml. contains:
Promethazine HCl 6 mg.
Alcohol 7%

| | |
|---|---|
| 0697-04 | 4 oz. Bottle |
| 0697-16 | 16 oz. Bottle |
| 0697-28 | Gallon Bottle |

ROBITUSSIN EQUIVALENT
GLYCOTUSSIN SYRUP

**Cherry-Raspberry flavor, Red color**

Each 5 ml. contains:
Guaifenesin, N.F. 100 mg.
Alcohol 3.5%

| | |
|---|---|
| 0881-04 | 4 oz. Bottle |
| 0881-16 | 16 oz. Bottle |
| 0881-28 | Gallon Bottle |

SUDAFED EQUIVALENT
SUDA-PHEN SYRUP

**Cherry-Raspberry flavor, Red color**

Each 5 ml. contains:
Pseudoephedrine HCl 30 mg.

| | |
|---|---|
| 0909-04 | 4 oz. Bottle |
| 0909-16 | 16 oz. Bottle |
| 0909-28 | Gallon Bottle |

Plaintiff's Exhibit 48

# terms and general information

**GUARANTEE:** All products are guaranteed to be in accordance with the Federal Food, Drug and Cosmetic Act under the provisions of Sections 404 and 405, and amendments thereto.

**MINIMUM ORDER:** $250.00 minimum order; freight paid to destination. (Liquids $500 minimum order freight paid east of the Mississippi.) Call TOLL FREE (800) 631-0734 for quotations on your requirements. (Outside of Continental U.S. all shipments F.O.B. origin)

**TERMS OF PAYMENT:** 1% - 10 days, net 30 from date of invoice. Customer accepts title of shipment upon delivery to carrier.

**CLAIMS:** All claims must be made within 10 days after receipt of merchandise and are to be accompanied by date of purchase, invoice number and lot number.

**RETURNS:** All returns must be authorized in writing. Return authorization will include special shipping labels which must be affixed to your return.

**SERVICES:**

1. Analytical reports will be furnished upon request.
2. Samples of all products available upon request.
3. A certificate of product liability insurance is available upon request.
4. Arrangements can be made for private labeling of stock products, and private formulae.

## CALL OUR WATS LINE TODAY

## (800) 631-0734

General Offices (201) 343-5000

August 1976

**Plaintiff's Exhibit 48**

Premo Pharmaceutical Laboratories, Inc.
(Division of Omega Medical Systems)
111 Leuning St., So. Hackensack, N.J. 07606 / (201) 343-5000

*"Pioneers in Generics"*

**BILL TO:**

**SHIP TO:**

| TO BE COMPLETED BY CUSTOMER | | |
|---|---|---|
| Order No. | Date | BNDD Reg. No. |
| | | |

| TO BE COMPLETED BY PREMO | | |
|---|---|---|
| Terms | Freight | Special Instructions |
| | | |

| PREMO NDC 0331- | TABLETS and CAPSULES | |
|---|---|---|
| C 0830-01 | ACETAMINOPHEN TABLETS | 1.25 |
| M 0830-10 | 5 gr. White (Comp. to Tylenol) | 9.98 |
| C 0907-01 | ACETAMINOPHEN TABLETS | 1.25 |
| M 0907-10 | 5 gr. Yellow (Comp. to Nebs) | 9.98 |
| M 0851-10 | BELLADOL TABLETS (Comp. to Donnatal) | 2.40 |
| M 0155-10 | CHLORPHENIRAMINE MALEATE T.D. CAPS. 8 mg. (Comp. to Teldrin) | 9.98 |
| M 0157-10 | CHLORPHENIRAMINE MALEATE T.D. CAPS. 12 mg. (Comp. to Teldrin) | 10.98 |
| M 0161-10 | CHLORPHENIRAMINE MALEATE TABS., 4 mg. (Comp. to Chlor-Trimeton) | 2.48 |
| C 0919-01 | CYCLANDELATE CAPSULES | 4.02 |
| M 0919-10 | 200 mg. (Comp. to Cyclospasmol) | 35.15 |
| M 0855-10 | D-CONGEST T.D. CAPSULES (Comp. to Ornade) | 16.00 |
| M 0745-10 | DIOCTYL SOD. SULFOSUCCINATE CAPS. 100 mg. (Comp. to Colace) | 12.20 |
| M 0747-10 | D.S.S. with CASANTHRANOL CAPS. (Comp. to Peri-Colace) | 15.75 |
| M 0245-10 | DIPHENHYDRAMINE HCl CAPSULES 25 mg., (Comp. to Benadryl) | 7.98 |
| M 0247-10 | DIPHENHYDRAMINE HCl CAPSULES 50 mg. (Comp. to Benadryl) | 8.48 |
| M 0857-10 | DIPHENYLHYDANTOIN SODIUM CAPS. 100 mg. (Comp. to Dilantin) | 9.31 |
| C 0785-01 | FERROUS GLUCONATE TABLETS | .76 |
| M 0785-10 | 5 gr. (Comp. to Fergon) | 4.44 |
| M0281-10 | FERROUS SULFATE T.D. CAPSULES 150 mg. (Comp. to Feosol spansules) | 9.46 |
| M 0281-10 | FERROUS SULFATE TABLETS 5 gr. (Comp. to Feosol) | 3.80 |
| M 0813-10 | FOLIC ACID TABLETS, 1 mg. | 4.52 |
| M 0587-10 | HYDRAP-ES TABLETS (Comp. to Ser-Ap-Es) | 19.80 |
| M 0777-10 | HYDROCHLOROTHIAZIDE TABLETS, 25 mg. (Comp. to Hydrodiuril) | 6.66 |
| M 0779-10 | HYDROCHLOROTHIAZIDE TABLETS, 50 mg. (Comp. to Hydrodiuril) | 8.95 |
| C 0911-01 | ISOXSUPRINE HCl TABLETS | 3.92 |
| M 0911-10 | 10 mg. (Comp. to Vasodilan) | 34.94 |
| C 0913-01 | ISOXSUPRINE HCl TABLETS | 6.66 |
| 5C 0913-05 | 20 mg. (Comp. to Vasodilan) | 31.58 |
| M 0913-10 | | 59.80 |

| PREMO NDC 0331- | TABLETS and CAPSULES | |
|---|---|---|
| M 0367-10 | MEPROBAMATE TABLETS 400 mg. (Comp. to Equanil) | 6.68 |
| 5C 0905-05 | METHOCARBAMOL TABLETS 500 mg. (Comparable to Robaxin) | 24.00 |
| 5C 0903-05 | METHOCARBAMOL TABLETS 750 mg. (Comparable to Robaxin) | 32.00 |
| C 0817-01 | NITROFURANTOIN CAPSULES | 6.95 |
| 5C 0817-05 | 50 mg. (Comp. to Macrodantin) | 33.00 |
| C 0819-01 | NITROFURANTOIN CAPSULES | 11.60 |
| 5C 0819-05 | 100 mg. (Comp. to Macrodantin) | 55.00 |
| C 0915-01 | ORPHENADRINE CITRATE TABLETS | 5.25 |
| 5C 0915-05 | 100 mg. (Comp. to Norflex) | 26.60 |
| M 0727-10 | PAPAVERINE HCl T.D. CAPS 150 mg. (Comp. to Pavabid) | 24.00 |
| M 0253-10 | PHENAZOPYRIDINE HCl TABLETS. 100 mg. (Comp. to Pyridium) | 9.98 |
| M 0901-10 | PHENATAPP TABLETS, Extended Action (Comp. to Dimetapp Extentabs) | 27.50 |
| M 0507-10 | PREDNISOLONE TABLETS 5 mg.-Light Orange | P.O.R. |
| M 0500-10 | PREDNISONE TABLETS 5 mg.-White | P.O.R. |
| 5C 0783-05 | PROPOXYPHENE COMPOUND 65 CAPSULES (Comp. to Darvon Compound) | 9.50 |
| M 0741-10 | PROPOXYPHENE HCl CAPSULES 65 mg. (Comp. to Darvon) | 16.00 |
| M 0917-10 | PSEUDOEPHEDRINE HCl TABLETS 60 mg. (Comp. to Sudafed) | 14.85 |
| M 0850-10 | RESERPINE TABLETS | 1.98 |
| 5M 0850-55 | 0.25 mg. (Comp. to Serpasil) | 3.68 |
| M 0861-10 | SULFISOXAZOLE TABLETS 500 mg. (Comp. to Gantrisin) | 14.56 |
| M 0863-10 | THEOPHENEDRINE TABLETS (Comp. to Tedral) | 6.50 |
| C 0750-01 | TOLBUTAMIDE TABLETS | 5.35 |
| 5C 0750-05 | 0.5 g. (Comp. to Orinase) | 24.30 |

Rx Only

EFFECTIVE APRIL 1, 1975
PRICES SUBJECT TO CHANGE WITHOUT NOTICE

Plaintiff's Exhibit 48

## VITAMINS (Tablets - Capsules)

| PREMO NDC 0331 | | |
|---|---|---|
| 0291-01 | MULTIPLE VITAMINS - Red | .72 |
| 0291-10 | (Comp. to One-a-day) | 4.48 |
| 0293-01 | MULTIPLE VITAMINS w/IRON | .76 |
| [illegible] | Yellow (Comp. to One a-day w/ IRON | 4.76 |
| [illegible] | THERA-FORM TABLETS | 1.56 |
| 0821-10 | (Comp. to Theragran) | 12.26 |
| 0823-01 | THERA-FORM M TABLETS | 1.68 |
| [illegible] | (Comp. to Theragran M) | 13.38 |
| 0971-01 | VITAMIN B COMPLEX with C CAPS. | 1.65 |
| [illegible] | (Comp. to Allbee w/C) | 14.56 |
| [illegible] | VITAMIN C TABLETS, 250 mg. | .84 |
| [illegible] | (ASCORBIC ACID) | 7.78 |
| [illegible] | VITAMIN C TABLETS, 500 mg | 1.43 |
| [illegible] | (ASCORBIC ACID) | 10.95 |
| [illegible] | VITAMIN E CAPSULES, 100 I.U | 1.52 |
| [illegible] | (From dl Alpha Tocopheryl Acetate) | 9.30 |
| [illegible] | VITAMIN E CAPSULES, 200 I.U | 2.04 |
| [illegible] | (From dl Alpha Tocopheryl Acetate) | 16.32 |
| [illegible] | VITAMIN E CAPSULES, 400 I.U | 3.36 |
| [illegible] | (From dl Alpha Tocopheryl Acetate) | 29.28 |

NEW PRODUCTS - TABLETS & CAPSULES

| | | |
|---|---|---|
| [illegible] | HYDRO-SERP (25) TABLETS | 7.80 |
| [illegible] | (Comp. to Hydropres) | |
| [illegible] | HYDRO-SERP (50) TABLETS | 15.50 |
| [illegible] | (Comp. to Hydropres) | |

## LIQUIDS

| | PREMO NDC 0331 | | |
|---|---|---|---|
| — | 12 oz | 0873-07 | ALUMINUM HYDROXIDE GEL .67• |
| — | gal. | 0873-28 | (Comp. to Amphojel) 6.68 |
| — | 12 oz. | 0875-07 | ALU MAG LIQUID .67• |
| — | gal. | 0875-28 | (Comp. to Maalox) 6.68 |
| — | 4 oz. | 0877-04 | BELLADOL ELIXIR .61: |
| — | gal. | 0877-28 | (Comp. to Donnatal) 10.40 |
| — | 4 oz. | 0889-04 | DIPHENHYDRAMINE HCl ELIXIR .50: |
| — | gal | 0889-28 | (Comp. to Benadryl) 8.98 |
| — | 4 oz | 0893-04 | DIPHENHYDRAMINE HCl .53: |
| — | gal. | 0893-28 | EXPECTORANT (Comp. to Benylin) 9.98 |
| — | 4 oz. | 0881-04 | GLYCERYL GUAIACOLATE SYRUP .45: |
| — | gal. | 0881-28 | (Comp. to Robitussin) 8.90 |
| — | 4 oz. | 0763-04 | PHENATANE EXPECTORANT .62: |
| — | gal. | 0763-28 | (Comp. to Dimetane) 10.78 |
| — | 4 oz. | 0761-04 | PHENATAPP ELIXIR .58: |
| — | gal | 0761-28 | (Comp. to Dimetapp) 9.44 |
| — | 4 oz | 0701-04 | POTASSIUM CHLORIDE LIQ. CONC .50: |
| — | pint | 0701-16 | 10% (Comp. to Kay Ciel) 1.17• |
| — | gal. | 0701-28 | 7.28 |
| — | 4 oz. | 0739-04 | POTASSIUM CHLORIDE LIQ. CONC .50: |
| — | pint | 0739-16 | 20% (Comp. to Kay Ciel) 1.17• |
| — | gal. | 0739-28 | 7.28 |
| — | 4 oz. | 0797-04 | PROMETHAZINE EXPECTORANT .55: |
| — | gal. | 0797-28 | (Comp. to Phenergan) 11.28 |
| — | 4 oz. | 0909-04 | PSEUDOEPHEDRINE HCl SYRUP .89: |
| — | pints | 0909-16 | (Comp. to Sudafed) 2.80• |
| — | gal. | 0909-28 | 13.38 |
| — | 4 oz. | 0603-04 | TERPIN HYDRATE D.M. ELIXIR .60: |
| — | gal. | 0603-28 | 11.50 |
| — | pint | 0623-16 | THEOPHYLLINE ELIXIR 1.25• |
| — | gal. | 0623-28 | (Comp. to Elixophyllin) 8.50: |

NEW PRODUCTS - LIQUIDS

| | | | |
|---|---|---|---|
| — | pint | 0885-16 | THEOPHYLLINE K.I. 1.80• |
| — | gal. | 0885-28 | (Comp. to Elixophyllin K.I.) 12.90 |

Gallons packaged 4 to a case
• packaged 12 to a case
: packaged 24 to a case

**Plaintiff's Exhibit 48**

## TABLETS AND CAPSULES

PREMO BRAND

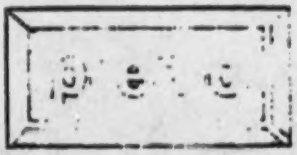
Algemol Velvetabs
Chlordinium Sealets[R]
Chlorzoxazone with Acetaminophen Tablets
Cyclandelate Capsules 200mg. and 400mg.
Hydralazine HCl Tablets 25mg. and 50mg.
Imipramine HCl Tablets 25mg.
Isoxsuprine HCl Tablets 10mg. and 20mg.
Phenatapp Extended Action Tablets
Nystatin Vaginal Tablets
Theophedrizine Tablets
Tolbutamide Tablets

Gaviscon Tablets
Librax Capsules
Parafon Forte Tablets
Cyclospasmol Capsules
Apresoline Tablets
Tofranil Tablets
Vasodilan Tablets
Dimetapp Tablets
Mycostatin Vaginal Tablets
Marax Tablets
Orinase Tablets

## CREAMS

Myco Triacet Cream
Nystatin Cream
Triacet Cream 0.025%, 0.1%, 0.5%

Mycolog Cream
Mycostatin Cream
Kenalog and Aristacort



*"Pioneers in Generics"*

**Premo Pharmaceutical Laboratories, Inc.**

111 LEUNING ST., SO. HACKENSACK, N.J. U.S.A. 07606 / (201) 343-5000

Plaintiff's Exhibit 48

Premo Pharmaceutical Laboratories, Inc.
(Division of Omega Medical Systems)
111 LEUNING ST., SO. HACKENSACK, N.J., U.S.A. 07606 / (201) 343-8000

"Pioneers in Generics"

## TABLETS AND CAPSULES

PREMO BRAND

| | |
|---|---|
| Acti-Prem Tablets | Actifed Tablets |
| Algemol Velvetabs | Gaviscon Tablets |
| Chlordinium Sealets® | Librax Capsules |
| Cyclandelate Capsules 200mg. & 400mg. | Cyclospasmol Capsules |
| Diphenhydramine HCl Capsules 25mg. & 50mg. | Benadryl Capsules |
| Hydralazine HCl Tablets 25mg. & 50mg. | Apresoline Tablets |
| Imipramine HCl Tablets 25mg. | Tofranil Tablets |
| Isoxsuprine HCl Tablets 10mg. & 20mg. | Vasodilan Tablets |
| Nylidrin HCl Tablets 6mg. & 12mg. | Arlidin Tablets |
| Phenatapp Extended Action Tablets | Dimetapp Tablets |
| Pseudoephedrine HCl Tablets 60mg. | Sudafed Tablets |
| Nystatin Vaginal Tablets | Mycostatin Vaginal Tablets |

## CREAMS

| | |
|---|---|
| Myco Triacet Cream | Mycolog Cream |
| Nystatin Cream | Mycostatin Cream |
| Triacet Cream .025%, .1% & .5% | Kenalog & Aristacort |

## *** NEW ADDITIONS ***

| | |
|---|---|
| Chlorzoxazone with Acetaminophen Tablets | Parafon Forte Tablets |
| Tolbutamide Tablets 0.5 g. | Orinase Tablets |

Sales Office Number - 201-343-8400

1/4/78

**Plaintiff's Exhibit 48**

111 LEONING ST., SO. HACKENSACK, N.J. U.S.A. 07606 PHONE (201) 343-3600 TELEX - 134652 PREMOLAB

*"Pioneers in Generics"*

## TABLETS AND CAPSULES

### PREMO BRAND

| | |
|---|---|
| Acti-Prem Tablets ..... | Actifed Tablets |
| Cyclandelate Capsules 200mg. ..... | Cyclospasmol Capsules 200mg. |
| Cyclandelate Capsules 400mg. ..... | Cyclospasmol Capsules 400mg. |
| Diphenhydramine HCl Capsules 25mg. ... | Benadryl Capsules 25mg. |
| Diphenhydramine HCl Capsules 50mg. ... | Benadryl Capsules 50mg. |
| Hydralazine HCl Tablets 25mg. ..... | Apresoline Tablets 25mg. |
| Hydralazine HCl Tablets 50mg. ..... | Apresoline Tablets 50mg. |
| Imipramine HCl Tablets 25mg. ..... | Tofranil Tablets 25mg. |
| Isoxsuprine HCl Tablets 10mg. ..... | Vasodilan Tablets 10mg. |
| Isoxsuprine HCl Tablets 20mg. ..... | Vasodilan Tablets 20mg. |
| Nylidrin HCl Tablets 6mg. ..... | Arlidin Tablets 6mg. |
| Nylidrin HCl Tablets 12mg. ..... | Arlidin Tablets 12mg. |
| Phenatapp Extend Tablets ..... | Dimetapp Tablets |
| Pseudoephedrine HCl Tablets 60mg. ..... | Sudafed Tablets |
| Nystatin Vaginal Tablets ..... | Mycostatin Vaginal Tablets |

## CREAMS

| | |
|---|---|
| Myco Triacet Cream ..... | Mycolog Cream |
| Nystatin Cream ..... | Mycostatin Cream |
| Triacet Cream .025% ..... | Kenalog or Aristacort Cream |
| Triacet Cream .1% ..... | Kenalog or Aristacort Cream |
| Triacet Cream .5% ..... | Kenalog or Aristacort Cream |

## ******NEW ADDITIONS******

| | |
|---|---|
| Chlordinium Sealets$^{R}$..... | Librax Capsules |
| Tribamate Tablets "200" ..... | Pathibamate Tablets 200 |
| Tribamate Tablets "400" ..... | Pathibamate Tablets 400 |

5/1/78

7/20/77

Premo Pharmaceutical Laboratories, Inc.

**Plaintiff's Exhibit 48**

11 LEGION D... CO. HACKENSACK, N.J. U.S.A. 07601 PHONE (201) 343-5000, TELEX - 13-032 PRELOLAB PHAR

*"Pioneers in Generics"*

11/1/77

## TABLETS AND CAPSULES

| | |
|---|---|
| Acti-Prem Tablets | Actifed Tablets |
| Algemol Velvetabs | Gaviscon Tablets |
| Chlordinium Sealets[R] | Librax Capsules |
| Cyclandelate Capsules 200mg. and 400 mg. | Cyclospasmol Capsules |
| Diphenhydramine HCl Capsules 25mg. and 50 mg. | Benadryl Capsules |
| Hydralazine HCl Tablets 25mg. and 50mg. | Apresoline Tablets |
| Imipramine HCl Tablets 25mg. | Tofranil Tablets |
| Isoxsuprine HCl Tablets 10mg. and 20mg. | Vasodilan Tablets |
| Nylidrin HCl Tablets 6mg. and 12mg. | Arlidin Tablets |
| Phenatapp Extended Action Tablets | Dimetapp Tablets |
| Pseudoephedrine HCl Tablets 60mg. | Sudafed Tablets |
| Nystatin Vaginal Tablets | Mycostatin Vaginal Tablets |

## CREAMS

| | |
|---|---|
| Myco Triacet Cream | Mycolog Cream |
| Nystatin Cream | Mycostatin Cream |
| Triacet Cream .025%, .1% and .5% | Kenalog and Aristacort |

## **** NEW ADDITIONS ****

| | |
|---|---|
| Chlorzoxazone with Acetaminophen Tablets | Parafon Forte Tablets |
| Tolbutamide Tablet | Oranase Tablets |

11/1/77

599a

Plaintiff's Exhibit 48

Poma Pharmaceutical Laboratories, Inc.
(Division of Omega Medical Systems)
111 LEUNING ST., SO. HACKENSACK, N.J., U.S.A. 07606 / (201) 343-5000

"Pioneers in Generics"

## TABLETS AND CAPSULES

| | |
|---|---|
| Acti-Prem Tablets | Actifed Tablets |
| Algemol Velvetabs | Gaviscon Tablets |
| Chlordinium Scalets[R] | Librax Capsules |
| Cyclandelate Capsules 200mg. and 400 mg. | Cyclospasmol Capsules |
| Diphenhydramine HCl Capsules 25mg. and 50 mg. | Benadryl Capsules |
| Hydralazine HCl Tablets 25mg. and 50mg. | Apresoline Tablets |
| Imipramine HCl Tablets 25mg. | Tofranil Tablets |
| Isoxsuprine HCl Tablets 10mg. and 20mg. | Vasodilan Tablets |
| Nylidrin HCl Tablets 6mg. and 12mg. | Arlidin Tablets |
| Phenatapp Extended Action Tablets | Dimetapp Tablets |
| Pseudoephedrine HCl Tablets 60mg. | Sudafed Tablets |
| Nystatin Vaginal Tablets | Mycostatin Vaginal Tablet |

## CREAMS

| | |
|---|---|
| Myco Triacet Cream | Mycolog Cream |
| Nystatin Cream | Mycostatin Cream |
| Triacet Cream .025%, .1% and .5% | Kenalog and Aristacort |

## **** NEW ADDITIONS ****

| | |
|---|---|
| Chlorzoxazone with Acetaminophen Tablets | Parafon Forte Tablets |
| Tolbutamide Tablets 0.5g * | Orinase Tablets |

*Available for shipment on January 18, 1978

p.c. (2 Air Mail)
Stelis Ltd

12/22/77

1/26/76

600a

**Plaintiff's Exhibit 48**

111 LEUNING ST., SO. HACKENSACK, N.J. U.S.A. 07606 PHONE: (201) 343-5000. TELEX - 134652 PREMOLABS S

premo

*"Pioneers in Generics"*

## TABLETS & CAPSULES

| Premo Equivalent Product | National Brand |
|---|---|
| Actaprem Tablets | Actifed Tablets |
| Hydralazine HCl Tablets 25 mg. & 50 mg. | Apresoline Tablets |
| Nylidrin HCl Tablets 6 mg & 12 mg | Arlidin Tablets |
| Cyclandelate Capsules 200 mg & 400 mg. | Cyclospasmol Capsules |
| Phenatapp Extend Tablets | Dimetapp Extend Tablets |
| Hydrochlorothiazide Tabs. 25 mg & 50 mg. (Peach and Yellow) | Esidrix and Hydro-Diuril Tablets |
| Hydro-Serp Tablets 25 mg. & 50 mg. | Hydropres Tablets |
| Hydrap-Es Tablets | Ser-Ap-Es Tablets |
| Pseudoephedrine HCl Tablets | Sudafed Tablets |
| Imipramine HCl Tabs. 10 mg, 25 mg & 50 mg | Tofranil Tablets |
| Isoxsuprine HCl Tabs. 10 mg and 20 mg | Vasodilan Tablets |

## LIQUIDS

| | |
|---|---|
| Actaprem Syrup | Actifed Syrup |
| Diphenhydramine HCl Elixir | Benadryl Elixir |
| Diphenhydramine HCl Expectorant | Benylin Expectorant |
| Phenatane Expectorant | Dimetane Expectorant |
| Phenatapp Elixir | Dimetapp Elixir |
| Theophylline Elixir | Elixophyllin |
| Potassium Chloride 10% & 20%, Sugar-free, Red | Kay Ciel Elixir and Kaochlor Conc |
| Potassium Chloride 10% w/sugar, Yellow | Kaochlor 10% Liquid |
| Alu-Mag Antacid Suspension | Maalox Suspension |
| Promethazine Expectorant | Phenergan Expectorant Plain |
| Glyceryl Guiaicolate Expectorant | Robitussin Expectorant |
| Pseudoephedrine HCl Syrup | Sudafed Syrup |

## CREAMS

| | |
|---|---|
| Aristalog Cream .025%, .1% and .5% | Kenalog or Aristacort Cream |
| Myco Aristalog Cream | Mycolog Cream |
| Nystatin Cream 100,000 Units | Mycostatin Cream |
| Nystatin Vaginal Tablets with Applicator | Mycostatin Vaginal Tablets |

Px (Blackman) 9 faced
ut 5/4/78

Call our Wats Line 800 631-0734
for price quotations.

Laura Jaeger
Account Executive

Premo Pharmaceutical Laboratories, Inc.

Plaintiff's Exhibit 48

Premo Pharmaceutical Laboratories, Inc.
(Division of Omega Medical Systems)
111 Leuning St., So. Hackensack, N.J. 07606 / (201) 343-5000

Pioneers in Generics
Established 1927

# PRICE LIST NO. 101

## EFFECTIVE MARCH 10, 1976

### TERMS AND CONDITIONS OF SALE

Payment terms: 1%, 10 Days, Net 30.

Analytical reports furnished on request.

Samples of all products available on request.

Certificate of product liability insurance available on request.

All orders subject to acceptance by the main office.

Arrangements can be made for private label.

Liquid products are shipped F.O.B. South Hackensack, N. J.; all others are shipped prepaid.

*Guarantee:* All products are guaranteed to be in accordance with the Federal Food, Drug and Cosmetic Act under the provisions of sections 404 and 405, and amendments thereto.

1. All prices are subject to change without notice.

2. All sales are outright.

3. All claims must be made within eight days after receipt of merchandise and are to be accompanied by date of purchase, invoice number and lot number.

4. Returns:
   All returns must be authorized, in writing, by Premo's main office.

FROM:

Name:_____

Address:_____

City:_____ State:_____ Zip:_____

By:_____ Date:_____

Plaintiff's Exhibit 48

Premo Pharmaceutical Laboratories, Inc.
(Division of Omega Medical Systems)
111 Leuning St., So. Hackensack, N.J. 07606 / (201) 343-5000

Pioneers in Generics
Established 1927

# PRICE LIST NO. 101

## EFFECTIVE MARCH 10, 1976

## TERMS AND CONDITIONS OF SALE

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Analytical reports furnished on request.

Samples of all products available on request.

Certificate of product liability insurance available on request.

All orders subject to acceptance by the main office.

Arrangements can be made for private label.

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3. All claims must be made within eight days after receipt of merchandise and are to be accompanied by date of purchase, invoice number and lot number.

4. Returns:
   All returns must be authorized, in writing, by Premo's main office.

FROM:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

By: _____ Date: _____

**Plaintiff's Exhibit 48**

## TABLETS AND CAPSULES

| RATIONAL BRAND | PREMO EQUIVALENT PRODUCT | STRENGTH | SIZE | COLOR | PRICE PER BOTTLE 1,000 OR MORE | 500 TO 999 | 250 TO 499 | 100 TO 249 | 25 TO 99 | QUANTITY TO SHIP |
|---|---|---|---|---|---|---|---|---|---|---|
| APRESOLINE, 25 mg. TABS | HYDRALAZINE HCl TABS | 25 mg. | 100 | Blue | | | .63 | .46 | .59 | |
| APRESOLINE, 25 mg. TABS | HYDRALAZINE HCl TABS | 25 mg. | 1,000 | Blue | | | 5.25 | 5.11 | 5.57 | |
| APRESOLINE, 50 mg. TABS | HYDRALAZINE HCl TABS | 50 mg. | 100 | Pink | | 1.79 | 1.21 | 1.79 | 1.13 | |
| APRESOLINE, 50 mg. TABS | HYDRALAZINE HCl TABS | 50 mg. | 1,000 | Pink | | 3.29 | 3.27 | 3.55 | 3.84 | |
| ARLIORIN, 3 mg. TABS | NYLIORIN HCl TABS | 3 mg. | 100 | White | | 1.50 | 1.72 | 1.95 | 1.98 | |
| ARLIORIN 6 mg. TABS | NYLIORIN HCl TABS | 6 mg. | 1,000 | White | | 7.03 | 7.24 | 7.30 | 7.66 | |
| ARLIORIN, 12 mg. TABS | NYLIORIN HCl TABS | 12 mg. | 100 | White | | 1.50 | 1.54 | 1.58 | 1.65 | |
| ARLIORIN, 12 mg. TABS | NYLIORIN HCl TABS | 12 mg. | 1,000 | White | | 12.00 | 12.12 | 12.26 | 13.19 | |
| CYCLOSPASMOL, 200 mg. CAPS | CYCLANDELATE CAPS | 200 mg. | 100 | Pk Blue | 2.10 | 2.10 | 2.22 | 2.10 | 2.25 | |
| CYCLOSPASMOL, 200 mg. CAPS | CYCLANDELATE CAPS | 200 mg. | 1,000 | Pk Blue | | 18.00 | 18.94 | 18.10 | 19.49 | |
| CYCLOSPASMOL, 400 mg. CAPS | CYCLANDELATE CAPS | 400 mg. | 100 | Red/Blue | | | 3.70 | 3.81 | 3.93 | |
| CYCLOSPASMOL, 400 mg. CAPS | CYCLANDELATE CAPS | 400 mg. | 500 | Red/Blue | | | 17.70 | 17.72 | 18.08 | |
| CYCLOSPASMOL, 400 mg. CAPS | CYCLANDELATE CAPS | 400 mg. | 1,000 | Red/Blue | | 34.00 | 35.02 | 35.07 | 35.79 | |
| DIMETAPP EXTENTABS | PHENATAPP EXTEND TABS | | 100 | Sky Blue | 1.48 | 1.43 | 1.57 | 1.50 | 1.62 | |
| DIMETAPP EXTENTABS | PHENATAPP EXTEND TABS | | 1,000 | Sky Blue | 12.00 | 12.26 | 12.73 | 13.11 | 13.37 | |
| ESIDRIX, 25 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 25 mg. | 100 | Yellow | .68 | .70 | .72 | .75 | * | |
| ESIDRIX, 25 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 25 mg. | 1,000 | Yellow | 2.75 | 3.02 | 3.23 | 4.01 | 4.03 | |
| ESIDRIX, 50 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 50 mg. | 100 | Yellow | .74 | .76 | .79 | .82 | * | |
| ESIDRIX, 50 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 50 mg. | 1,000 | Yellow | 4.25 | 4.37 | 4.52 | 4.58 | 4.62 | |
| HYDRO-DIURIL, 25 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 25 mg. | 100 | Peach | .68 | .70 | .72 | .74 | * | |
| HYDRO-DIURIL, 25 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 25 mg. | 1,000 | Peach | 2.75 | 2.86 | 2.95 | 3.07 | 3.19 | |
| HYDRO-DIURIL, 50 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 50 mg. | 100 | Peach | .68 | .70 | .72 | .76 | * | |
| HYDRO-DIURIL, 50 mg. TABS | HYDROCHLOROTHIAZIDE TABS | 50 mg. | 1,000 | Peach | 3.75 | 3.89 | 3.98 | 4.19 | 4.18 | |
| HYDROPRES, 25 TABS | HYDRO-SERP TABS 25 | | 100 | Green | | .80 | .81 | .82 | * | |
| HYDROPRES, 25 TABS | HYDRO-SERP TABS 25 | | 1,000 | Green | | | 3.00 | 3.09 | 3.18 | |
| HYDROPRES, 50 TABS | HYDRO-SERP TABS 50 | | 100 | Green | | .71 | .73 | .77 | * | |
| HYDROPRES, 50 TABS | HYDRO-SERP TABS 50 | | 1,000 | Green | | 4.25 | 4.38 | 4.61 | 4.68 | |
| SER-AP-ES TABS | HYDRAP-ES TABS | | 100 | Salmon | .83 | .99 | .99 | 1.02 | 1.04 | |
| SER-AP-ES TABS | HYDRAP-ES TABS | | 1,000 | Salmon | 7.25 | 7.37 | 7.52 | 7.71 | 7.97 | |
| SUDAFED 60 mg. TABS | PSEUDOEPHEDRINE HCl TABS | 60 mg. | 100 | White | 1.17 | 1.21 | 1.25 | 1.30 | 1.33 | |
| SUDAFED 60 mg. TABS | PSEUDOEPHEDRINE HCl TABS | 60 mg. | 1,000 | White | 9.75 | 9.01 | 9.28 | 9.58 | 9.75 | |
| TOFRANIL, 10 mg. TABS | IMIPRAMINE HCl TABS | 10 mg. | 100 | Coral | | 1.56 | 1.61 | 1.67 | 1.70 | |
| TOFRANIL, 10 mg. TABS | IMIPRAMINE HCl TABS | 10 mg. | 1,000 | Coral | | 12.80 | 12.98 | 13.27 | 13.64 | |
| TOFRANIL, 25 mg. TABS | IMIPRAMINE HCl TABS | 25 mg. | 100 | Coral | 2.34 | 2.41 | 2.48 | 2.55 | 2.60 | |
| TOFRANIL, 25 mg. TABS | IMIPRAMINE HCl TABS | 25 mg. | 1,000 | Coral | 20.40 | 21.01 | 21.64 | 22.29 | 22.74 | |
| TOFRANIL, 50 mg. TABS | IMIPRAMINE HCl TABS | 50 mg. | 100 | Coral | | 2.94 | 3.00 | 3.09 | 3.15 | |
| TOFRANIL, 50 mg. TABS | IMIPRAMINE HCl TABS | 50 mg. | 1,000 | Coral | | 26.40 | 27.19 | 28.01 | 28.57 | |
| VASODILAN, 10 mg. TABS | ISOXSUPRINE HCl TABS | 10 mg. | 100 | White | 2.73 | 2.86 | 2.95 | 3.04 | 3.19 | |
| VASODILAN, 10 mg. TABS | ISOXSUPRINE HCl TABS | 10 mg. | 1,000 | White | 24.99 | 25.54 | 26.31 | 27.10 | 27.64 | |
| VASODILAN, 20 mg. TABS | ISOXSUPRINE HCl TABS | 20 mg. | 100 | White | | 5.01 | 5.16 | 5.31 | 5.47 | |
| VASODILAN, 20 mg. TABS | ISOXSUPRINE HCl TABS | 20 mg. | 500 | White | | 23.00 | 23.92 | 25.46 | 26.22 | |
| VASODILAN, 20 mg. TABS | ISOXSUPRINE HCl TABS | 20 mg. | 1,000 | White | | 47.12 | 48.53 | 49.99 | 52.49 | |

## GOLD FOIL, STRIP TAPED TABLETS

| RATIONAL BRAND | PREMO EQUIVALENT PRODUCT | STRENGTH | SIZE | COLOR | PRICE PER BOX 1,584 OR MORE | 1,008 TO 1,440 | 576 TO 864 | 144 TO 432 | QUANTITY TO SHIP |
|---|---|---|---|---|---|---|---|---|---|
| MYCOSTATIN VAGINAL TABS 100 mg. | NYSTATIN VAGINAL TABS w/ applicator | 100 mg. | 15 | Pale Yellow | 1.00 | 1.03 | 1.06 | 1.09 | |
| MYCOSTATIN VAGINAL TABS 100 mg. | NYSTATIN VAGINAL TABS w/ applicator | 100 mg. | 30 | Pale Yellow | 1.89 | 1.95 | 1.91 | 1.97 | |

* Sold in Minimum Quantity of 100 Bottles

Best Copy Available

**Plaintiff's Exhibit 48**

## LIQUIDS

| NATIONAL BRAND | PREMO EQUIVALENT PRODUCT | SIZE | PRICE PER BOTTLE: 1,440 OR MORE | 576 TO 1,428 | 144 TO 348 | 24 TO 92 | QUANTITY TO SHIP |
|---|---|---|---|---|---|---|---|
| BENADRYL ELIXIR | DIPHENHYDRAMINE HCl ELIXIR | 4 oz. | .83 | .89 | .95 | † | |
| BENADRYL ELIXIR | DIPHENHYDRAMINE HCl ELIXIR | pint | 1.12 | 1.15 | 1.25 | 1.35 | |
| BENADRYL ELIXIR | DIPHENHYDRAMINE HCl ELIXIR | gallon | | 4.45 | 4.72 | 5.09 | |
| BENYLIN EXPECTORANT | DIPHENHYDRAMINE HCl EXPECTORANT | 4 oz. | .90 | .98 | .98 | 1 | |
| BENYLIN EXPECTORANT | DIPHENHYDRAMINE HCl EXPECTORANT | pint | 1.15 | 1.20 | 1.30 | 1.42 | |
| BENYLIN EXPECTORANT | DIPHENHYDRAMINE HCl EXPECTORANT | gallon | | 4.70 | 4.95 | 5.20 | |
| DIMETANE EXPECTORANT | BROMPHENIRAMINE MALEATE EXPECTORANT | 4 oz. | .59 | .65 | .75 | † | |
| DIMETANE EXPECTORANT | BROMPHENIRAMINE MALEATE EXPECTORANT | pint | 1.20 | 1.35 | 1.50 | 1.75 | |
| DIMETANE EXPECTORANT | BROMPHENIRAMINE MALEATE EXPECTORANT | gallon | 7.15 | 7.45 | 7.65 | 8.20 | |
| DIMETAPP ELIXIR | PHENATAPP ELIXIR | 4 oz. | .47 | .45 | .58 | † | |
| DIMETAPP ELIXIR | PHENATAPP ELIXIR | pint | 1.17 | 1.25 | 1.50 | 1.60 | |
| DIMETAPP ELIXIR | PHENATAPP ELIXIR | gallon | | 5.15 | 5.45 | 6.00 | |
| ELIXOPHYLLIN | THEOPHYLLINE ELIXIR | 4 oz. | .43 | .45 | .50 | † | |
| ELIXOPHYLLIN | THEOPHYLLINE ELIXIR | pint | .70 | .75 | .80 | .94 | |
| ELIXOPHYLLIN | THEOPHYLLINE ELIXIR | gallon | | 3.25 | 3.45 | 4.25 | |
| KAY CIEL ELIXIR | POTASSIUM CHLORIDE, 10% SUGAR FREE, RED | 4 oz. | .43 | .45 | .55 | † | |
| KAY CIEL ELIXIR | POTASSIUM CHLORIDE, 10% SUGAR FREE, RED | pint | .71 | .75 | .85 | .85 | |
| KAY CIEL ELIXIR | POTASSIUM CHLORIDE, 10% SUGAR FREE, RED | gallon | | 3.20 | 3.50 | 4.25 | |
| KAOCHLOR CONC. 20% LIQ. | POTASSIUM CHLORIDE, 20% SUGAR FREE, RED | 4 oz. | .45 | .50 | .60 | † | |
| KAOCHLOR CONC. 20% LIQ. | POTASSIUM CHLORIDE, 20% SUGAR FREE, RED | pint | .75 | .80 | .90 | 1.00 | |
| KAOCHLOR CONC. 20% LIQ. | POTASSIUM CHLORIDE, 20% SUGAR FREE, RED | gallon | | 3.40 | 3.85 | 4.45 | |
| KAOCHLOR 10% LIQUID | POTASSIUM CHLORIDE, 10% W/SUGAR, YELLOW | 4 oz. | .52 | .55 | .65 | † | |
| KAOCHLOR 10% LIQUID | POTASSIUM CHLORIDE, 10% W/SUGAR, YELLOW | pint | .74 | .85 | .94 | 1.10 | |
| KAOCHLOR 10% LIQUID | POTASSIUM CHLORIDE, 10% W/SUGAR, YELLOW | gallon | | 3.45 | 3.90 | 4.35 | |
| MAALOX SUSPENSION | ALU-MAG ANTACID SUSPENSION | 12 oz. | .43 | .46 | .50 | .60 | |
| MAALOX SUSPENSION | ALU-MAG ANTACID SUSPENSION | gallon | | 3.20 | 3.50 | 4.25 | |
| PHENERGAN EXPECT. PLAIN | PROMETHAZINE EXPECTORANT | 4 oz. | .45 | .50 | .60 | † | |
| PHENERGAN EXPECT. PLAIN | PROMETHAZINE EXPECTORANT | pint | 1.00 | 1.10 | 1.25 | 1.40 | |
| PHENERGAN EXPECT. PLAIN | PROMETHAZINE EXPECTORANT | gallon | | 6.15 | 6.40 | 6.70 | |
| ROBITUSSIN EXPECTORANT | GLYCERYL GUAICOLATE EXPECTORANT | 4 oz. | .44 | .50 | .55 | † | |
| ROBITUSSIN EXPECTORANT | GLYCERYL GUAICOLATE EXPECTORANT | pint | 1.12 | 1.15 | 1.25 | 1.40 | |
| ROBITUSSIN EXPECTORANT | GLYCERYL GUAICOLATE EXPECTORANT | gallon | | 5.20 | 5.50 | 6.25 | |
| SUDAFED SYRUP | PSEUDOEPHEDRINE HCl SYRUP | 4 oz. | .59 | .63 | .70 | † | |
| SUDAFED SYRUP | PSEUDOEPHEDRINE HCl SYRUP | pint | 1.47 | 1.60 | 1.75 | 2.00 | |
| SUDAFED SYRUP | PSEUDOEPHEDRINE HCl SYRUP | gallon | | 9.70 | 10.50 | 10.25 | |

† Sold in Minimum Quantity of 36 Bottles

## CREAMS

| NATIONAL BRAND | PREMO EQUIVALENT PRODUCT | STRENGTH | SIZE | PRICE PER TUBE: 1,440 OR MORE | 576 TO 1,428 | 144 TO 432 | 72 TO 132 | QUANTITY TO SHIP |
|---|---|---|---|---|---|---|---|---|
| KENALOG OR ARISTOCORT CREAM | ARISTALOG CREAM | 0.025% | 15 g. | .56 | .59 | .67 | * | |
| KENALOG OR ARISTOCORT CREAM | ARISTALOG CREAM | 0.025% | 60 g. | 1.41 | 1.48 | 1.58 | 1.81 | |
| KENALOG OR ARISTOCORT CREAM | ARISTALOG CREAM | 0.1% | 15 g. | .85 | .93 | .98 | * | |
| KENALOG OR ARISTOCORT CREAM | ARISTALOG CREAM | 0.1% | 60 g. | 2.35 | 2.47 | 2.60 | 2.73 | |
| KENALOG OR ARISTOCORT CREAM | ARISTALOG CREAM | 0.5% | 15 g. | 2.03 | 2.14 | 2.25 | * | |
| MYCOLOG CREAM | MYCO ARISTALOG CREAM | | 15 g. | 1.52 | 1.60 | 1.68 | * | |
| MYCOLOG CREAM | MYCO ARISTALOG CREAM | | 60 g. | 4.66 | 5.12 | 5.36 | 5.60 | |
| MYCOSTATIN CREAM | NYSTATIN CREAM | 100,000 Units | 15 g. | .88 | .93 | .98 | * | |

* Sold in Minimum Quantity of 144 Tubes

**Plaintiff's Exhibit 48**

| THERMOMETERS BY OMEGA | | | | |
|---|---|---|---|---|
| PERMARK THERMOMETERS . . . greater accuracy . . . less breakage . . . more economical | | | | QUANTITY TO SHIP |
| TYPE | PACKAGING | PRICE | | |
| ORAL, FAHRENHEIT, CYLINDRICAL | IN PEN TYPE PLASTIC HOLDER, INDIVIDUALLY BOXED, ONE DOZEN TO A CHIP | 25 TO 100 DOZ. | $ 75/gross | |
| ORAL, FAHRENHEIT, STUBBY | | 101 DOZ. OR MORE | 4.50/gross | |
| RECTAL, FAHRENHEIT, STUBBY | | | | |
| ORAL, CENTIGRADE, CYLINDRICAL | IN PEN-TYPE PLASTIC HOLDER, INDIVIDUALLY BOXED, ONE DOZEN TO A CHIP. | 25 TO 100 DOZ. | 4.75/gross | |
| ORAL, CENTIGRADE, STUBBY | | 101 DOZ. OR MORE | 4.50/gross | |
| RECTAL, CENTIGRADE, STUBBY | | | | |
| ORAL, FAHRENHEIT, CYLINDRICAL | HOSPITAL PACK, 6 DOZ. TO A CONTAINER (IN INDIVIDUAL HYGEIA STRAWS) | 5 TO 49 GROSS | 47.00/gross | |
| ORAL, FAHRENHEIT, STUBBY | | 50 TO 99 GROSS | 46.00/gross | |
| RECTAL, FAHRENHEIT, STUBBY | | 100 GROSS OR MORE | 45.00/gross | |
| ORAL, CENTIGRADE, CYLINDRICAL | HOSPITAL PACK, 6 DOZ. TO A CONTAINER (IN INDIVIDUAL HYGEIA STRAWS) | 5 TO 49 GROSS | 47.00/gross | |
| ORAL, CENTIGRADE, STUBBY | | 50 TO 99 GROSS | 46.00/gross | |
| RECTAL, CENTIGRADE, STUBBY | | 100 GROSS OR MORE | 45.00/gross | |
| ORAL, FAHRENHEIT, CYLINDRICAL | BULK PACK, 100 PER BOX (IN FLUTED CORRUGATED ROLL) | $31.00 PER BOX; Minimum quantity - 150 Boxes | | |
| ORAL, FAHRENHEIT, STUBBY | | | | |
| RECTAL, FAHRENHEIT, STUBBY | | | | |
| ORAL, CENTIGRADE, CYLINDRICAL | BULK PACK, 100 PER BOX (IN FLUTED CORRUGATED ROLL) | $31.00 PER BOX; Minimum quantity - 150 Boxes | | |
| ORAL, CENTIGRADE, STUBBY | | | | |
| RECTAL, CENTIGRADE, STUBBY | | | | |

**Plaintiff's Exhibit 48**

PRODUCT LIST

| PREMO BRAND | TABLETS AND CAPSULES | NATIONAL BRAND |
|---|---|---|
| | ALGEMOL VELVETABS | GAVISCON TABLETS |
| | ALLOPURINOL TABLETS 100MG | ZYLOPRIM TABLETS |
| | ALLOPURINOL TABLETS 300MG | ZYLOPRIM TABLETS |
| * | CHLORDIAZEPOXIDE HCl CAPSULES 5MG | LIBRIUM CAPSULES |
| * | CHLORDIAZEPOXIDE HCl CAPSULES 10MG | LIBRIUM CAPSULES |
| * | CHLORDIAZEPOXIDE HCl CAPSULES 25MG | LIBRIUM CAPSULES |
| | CHLORDINIUM SEALETS | LIBRAX CAPSULES |
| | CHLORTHALIDONE TABLETS 50MG | HYGROTON TABLETS |
| | CHLORTHALIDONE TABLETS 100MG | HYGROTON TABLETS |
| | CHLORZOXAZONE WITH APAP TABLETS | PARAFON FORTE TABLETS |
| | CYCLANDELATE CAPSULES 200MG | CYCLOSPASMOL CAPSULES |
| | CYCLANDELATE CAPSULES 400MG | CYCLOSPASMOL CAPSULES |
| | DIPYRIDAMOLE TABLETS | PERSANTINE TABLETS |
| | DOXINE TABLETS | BENDECTINE TABLETS |
| | DYNOHIST S.A. TABLETS | ANTIHISTAMINE/DECONGESTANT |
| | HYDRALAZINE HCl TABLETS 25MG | APRESOLINE TABLETS |
| | HYDRALAZINE HCl TABLETS 50MG | APRESOLINE TABLETS |
| | HYDROXYZINE HCl TABLETS 10MG | ATARAX TABLETS |
| | HYDROXYZINE HCl TABLETS 25MG | ATARAX TABLETS |
| | HYDROXYZINE HCl TABLETS 50MG | ATARAX TABLETS |
| | HY-PAM CAPSULES 25MG | VISTARIL CAPSULES |
| | HY-PAM CAPSULES 50MG | VISTARIL CAPSULES |
| | IMIPRAMINE HCl TABLETS 10MG | TOFRANIL TABLETS |
| | IMIPRAMINE HCl TABLETS 25MG | TOFRANIL TABLETS |
| | IMIPRAMINE HCl TABLETS 50MG | TOFRANIL TABLETS |
| | INSULASE TABLETS (CHLORPROPAMIDE) | DIABINESE TABLETS |
| | ISOXSUPRINE HCl TABLETS 10MG | VASODILAN TABLETS |
| | ISOXSUPRINE HCl TABLETS 20MG | VASODILAN TABLETS |
| * | MEPROGESIC TABLETS | EQUAGESIC TABLETS |
| | MEPRO-HEX "200" TABLETS | PATHIBAMATE/MILPATH TABLETS |
| | MEPRO-HEX "400" TABLETS | PATHIBAMATE/MILPATH TABLETS |
| | NYSTATIN ORAL TABLETS | MYCOSTATIN ORAL TABLETS |
| | NYSTATIN VAGINAL TABLETS | MYCOSTATIN VAGINAL TABLETS |
| | PHENYLBUTAZONE ALKA CAPSULES | BUTAZOLIDIN ALKA CAPSULES |
| * | PROPOXYPHENE COMPOUND CAPSULES 65MG | DARVON COMPOUND CAPSULES |
| * | PROPOXYPHENE HCl CAPSULES 65MG | DARVON CAPSULES |
| | THEOPHEDRIZINE TABLETS | MARAX TABLETS |
| | TOLBUTAMIDE TABLETS | ORINASE TABLETS |

*CIV Product - DEA Number Required

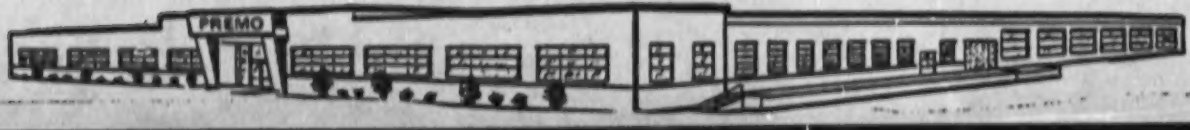
11/1/79

premo

*"Pioneers in Generics"*

**Premo Pharmaceutical Laboratories, Inc.**

111 LEUNING ST., SO. HACKENSACK, N.J. U.S.A. 07606 / (201) 343-5000



607a

**Plaintiff's Exhibit 48**

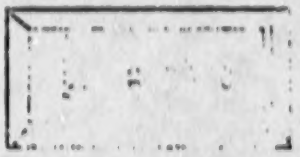
## TABLETS AND CAPSULES

| | 100's | 500's | 1,000's |
|---|---|---|---|
| Algemol Velvetabs | 1.65 | 7.70 | - |
| Chlordinium Sealets | 3.97 | 18.84 | 37.18 |
| Chlorzoxazone with APAP | 2.45 | - | 22.65 |
| Cyclandelate Capsules 200mg. | 1.43 | - | 11.33 |
| Cyclandelate Capsuels 400mg. | 2.32 | 10.66 | 20.32 |
| Desihist Blue S.A. Tablets (New color) | 3.96 | 18.75 | 36.34 |
| Hydralazine HCl Tablets 25mg. | .79 | - | 5.30 |
| Hydralazine HCl Tablets 50mg. | 1.07 | - | 9.17 |
| Imipramine HCl Tablets 25mg. | 1.92 | - | 16.74 |
| Isoxsuprine HCl Tablets 10mg. | 3.03 | - | 27.28 |
| Isoxsuprine HCl Tablets 20mg. | 5.45 | 26.15 | 51.70 |
| Phenatapp Extended Action Tablets | 1.50 | - | 12.50 |
| Nystatin Vaginal Tablets | Box of 15's 1.03 | | Box of 30's 1.83 |
| Theophedrizine Tablets | 2.15 | - | 18.80 |
| Tolbutamide Tablets | 4.60 | 22.00 | 43.00 |
| Mepro-Hex Tablets 200 | Please call for prices | | |
| Mepro-Hex Tablets 400 | Please call for prices | | |

Pr. 15 (Reading) added
Lot 51478

## CREAMS

| | 15gm. | 60gm. | 80gm. | 4oz. | 1lb. | 5lb. |
|---|---|---|---|---|---|---|
| Myco Triacet Cream | 1.52 | 4.86 | - | 8.70 | 32.10 | - |
| Nystatin Cream | .88 | - | - | - | - | - |
| Triacet Cream .025% | .56 | - | 1.41 | - | - | 13.00 |
| Triacet Cream .1% | .88 | - | 2.35 | - | - | 33.00 |
| Triacet Cream .5% | 2.03 | - | - | - | - | - |



*"Pioneers in Generics"*

Pharmaceutical Industries, Inc.
111 LUDWIG ST., SO. HACKENSACK, N.J. U.S.A. 07606 / (201) 343-5000

**Plaintiff's Exhibit 48**

CREAMS

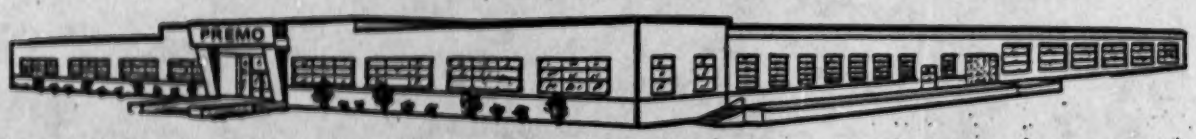
| | |
|---|---|
| BETA-VAL CREAM 15GM. | BETAMETHASONE VALERATE CREAM |
| BETA-VAL CREAM 45GM. | BETAMETHASONE VALERATE CREAM |
| MYCO TRIACET CREAM. | MYCOLOG CREAM |
| NYSTATIN CREAM. | MYCOSTATIN CREAM |
| TRIACET CREAM .025%. | KENALOG AND ARISTACORT CREAM |
| TRIACET CREAM .1%. | KENALOG AND ARISTACORT CREAM |
| TRIACET CREAM .5%. | KENALOG AND ARISTACORT CREAM |

premo

*"Pioneers in Generics"*

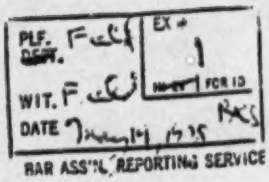
**Premo Pharmaceutical Laboratories, Inc.**

111 LEUNING ST., SO. HACKENSACK, N.J. U.S.A. 07606 / (201) 343-5000



PLAINTIFF'S EXHIBIT 49

Inwood Laboratories
INCORPORATED
300 PROSPECT STREET — INWOOD, N.Y. 11696
(212) 471-8000 — (516) 371-1155




"EXTRA DEAL OFFER"
3 FREE with 33
ON ALL SIZES

## "SIXTY DAY SPECIALS"

Effective September 15 thru November 15, 1977

| National Brand | GENERIC EQUIVALENT | Strength | Color | Unit Prices |
|---|---|---|---|---|
| DULCOLAX Tablets | BISACODYL Enteric-Coated Tablets | 5 mg. | Yellow | 100s - $ .60<br>1000s - 3.00 |
| DIMETAPP EXTENTABS | BROMPHENTAPP T.D. Tablets | | Lt. Blue | 100s - 1.40<br>500s - 5.90<br>1000s - 11.00 |
| CYCLOSPASMOL Caps | CYCLANDELATE Capsules | 200 mg. | Lt. Blue | 100s - 1.50<br>500s - 6.40<br>1000s - 12.00 |
| CYCLOSPASMOL Caps | CYCLANDELATE Capsules | 400 mg. | Red/Blue | 100s - 2.20<br>500s - 9.90<br>1000s - 19.00 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE Tablets | 25 mg. | Peach | 100s - .60<br>1000s - 3.00 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE Tablets | 50 mg. | Peach | 100s - .70<br>1000s - 4.00 |
| ISORDIL T.D. Tabs TEMBIDS | ISOSORBIDE DINITRATE T.D. Tablets | 40 mg. | Yellow | 100s - 1.90<br>500s - 8.40<br>1000s - 16.00 |
| ROBAXIN | METHOCARBAMOL Tabs | 500 mg. | White | 100s - 1.90<br>500s - 8.40<br>1000s - 16.00 |
| ROBAXIN | METHOCARBAMOL Tabs | 750 mg. | White | 100s - 2.80<br>500s - 12.90<br>1000s - 25.00 |
| METICORTELONE | PREDNISOLONE Tablets | 5 mg. | Peach | 100s - .95<br>1000s - 6.50 |

No Free Goods Can Be Applied to this Item — Net Prices

| | | | |
|---|---|---|---|
| LOMOTIL | (+) DIPHENOXYLATE HCl. with ATROPINE SULFATE Tablets | White | 100s - $ 1.70<br>500s - 7.40<br>1000s - 14.00 |
| | (+) DEA Number Required | | |

Please Request Our Complete Price List

TO QUALIFY ALL ORDERS MUST BE RECEIVED NO LATER THAN NOVEMBER 15, 1977

Plaintiff's Exhibit 49

Inwood Laboratories
INCORPORATED
300 PROSPECT STREET — INWOOD, N.Y. 11696
(212) 471-8000 — (516) 371-1155

PLF. DEF. EX. 2
WIT.
DATE
BAR ASS'N. REPORTING SERVICE

## BULK PRICE LIST

### PRESCRIPTION ITEMS

| NATIONAL BRAND | GENERIC EQUIVALENT | Strength | Color | BULK ** PRICE per "M" |
|---|---|---|---|---|
| CYCLOSPASMOL Caps | CYCLANDELATE Caps | 200 mg. | Lt. Blue | $ 12.00 |
| CYCLOSPASMOL Caps | CYCLANDELATE Caps | 400 mg. | Red/Blue | 19.00 |
| DIMETAPP EXTENTABS | BROMPHENTAPP T.D. Tabs | | Lt. Blue | 11.00 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE Tabs | 25 mg. | Peach | (Prices on |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE Tabs | 50 mg. | Peach | Request) |
| METANDREN | METHYLTESTOSTERONE Tabs | 10 mg. | White | 11.50 |
| METICORTELONE | PREDNISOLONE Tabs | 5 mg. | Peach | 6.60 |
| METICORTONE | PREDNISONE Tabs | 5 mg. | White | 5.70 |
| NITRO-BID Caps | NITROGLYCERINE T.D. Caps | 2.5 mg. | Purple/Clr. | 1.00/100* |
| NITRO-BID Caps | NITROGLYCERINE T.D. Caps | 6.5 mg. | Yellow/Blue | 1.20/100* |
| NORGESIC | ORPHENADRINE W/APC Tabs | | Yellow/Grn. | 13.65 |
| NORFLEX | ORPHENADRINE CIT. Tabs | 100 mg. | White | 14.70 |
| PAVABID Caps | PAPAVERINE HCl. T.D. Caps | 150 mg. | Brown/Clr. | 11.75 |
| PLEGINE | (+) PHENDIMETRAZINE TART. Tabs | 35 mg. | Yellow | 3.70 |
| PLEGINE | (+) PHENDIMETRAZINE TART. Tabs | 35 mg. | Pink | 3.70 |
| PLEGINE | (+) PHENDIMETRAZINE TART. Tabs | 35 mg. | Green | 3.70 |
| PLEGINE | (+) PHENDIMETRAZINE TART. Tabs | 35 mg. | Gray | 3.70 |
| ROBAXIN | METHOCARBAMOL Tabs | 500 mg. | White | 16.00 |
| ROBAXIN | METHOCARBAMOL Tabs | 750 mg. | White | 25.00 |
| ISORDIL T.D. Tabs TEMBIDS | ISOSORBIDE DINITRATE T.D. Tabs | 40 mg. | Yellow | 16.00 |
| LOMOTIL | (+) DIPHENOXYLATE HCl. With ATROPINE SULFATE Tabs | | White | 16.00 |

(+) DEA Number Required

*supplied in 100s only

- - - - - - - - - - - - - - - - - - - - - - -

## TERMS OF SALE

PAYMENT: NET 30 DAYS
ARRANGEMENTS Available for
Customer's Label or
INWOOD Label.
SPECIAL FORMULATIONS
will be quoted upon request.

** ADDITIONAL Bottling & Labeling Charge:

100s ..... 30¢ each
500s ..... 40¢ each
1000s ..... 50¢ each

5/1/77

**Plaintiff's Exhibit 49**

Inwood Laboratories
INCORPORATED
300 PROSPECT STREET — INWOOD, N.Y. 11696
(212) 471-8000 — (516) 371-1155

## BULK PRICE LIST

### OVER-THE-COUNTER ITEMS

| NATIONAL BRAND | GENERIC EQUIVALENT | Strength | Color | BULK ** PRICE Per "M" |
|---|---|---|---|---|
| ALLBEE With C Caps | B-COMPLEX With C Caps | | Yellow/Grn. | $ 9.90 |
| C-CHEWIES Tabs | CHEWABLE VITAMIN C Tabs | 250 mg. | Orange | 4.85 |
| CONTAC COLD Caps | COLD Caps | | Red/Clear | 7.90 |
| DULCOLAX Tablets | BISACODYL Enteric-Coated Tabs | 5 mg. | Yellow | 3.00 |
| FEOSOL SPANSULES | FERROUS SULFATE T.D. Caps | 150 mg. | Red/Clear | 7.35 |
| GEL-CAPS | GELATIN Capsules | 10 gr. | Pink | 6.85 |
| ONE-A-DAY Tabs | BON-A-DAY Vitamin Tabs | | Red | 2.25 |
| ONE-A-DAY W/IRON Tabs | BON-A-DAY With IRON Tabs | | Yellow | 2.50 |
| TYLENOL Tablets | ACETAMINOPHEN Tablets | 325 mg. | White | 4.20 |
| THERAGRAN-M Tabs | THERA-M VITAMIN Tabs | | Maroon | 8.90 |
| VITAMIN B-12 Tablets | U.S.P. | 50 mcg. | Pink | 2.20 |
| VITAMIN B-12 Tablets | U.S.P. | 100 mcg. | Pink | 2.90 |
| VITAMIN C Tablets | ASCORBIC ACID Tablets | 100 mg. | White | 2.20 |
| VITAMIN C Tablets | ASCORBIC ACID Tablets | 250 mg. | White | 3.95 |
| VITAMIN C Tablets | ASCORBIC ACID Tablets | 500 mg. | White | 5.95 |

- - - - - - - - - - - - - - - - - -

## TERMS OF SALE

PAYMENT: NET 30 DAYS
ARRANGEMENTS Available for
Customer's Label or
INWOOD Label.
SPECIAL FORMULATIONS
will be quoted upon request.

**ADDITIONAL Bottling & Labeling Charge:

100s ..... 30¢ each
500s ..... 40¢ each
1000s ..... 50¢ each

5/1/77

Plaintiff's Exhibit 49

Inwood Laboratories
INCORPORATED
300 PROSPECT STREET — INWOOD, N.Y. 11696
(212) 471-8000 — (516) 371-1155

SEYMOUR FIELD
Vice President — Operations

PLF. DEFT. EX # 3
WIT.
DATE
BAR ASS'N. REPORTING SERVICE

## BULK PRICE LIST

### PRESCRIPTION ITEMS

| NATIONAL BRAND | GENERIC EQUIVALENT | Strength | Color | BULK ** PRICE PER "M" |
|---|---|---|---|---|
| CYCLOSPASMOL Caps | CYCLANDELATE Caps | 200 mg. | Lt. Blue | $15.25 |
| CYCLOSPASMOL Caps | CYCLANDELATE Caps | 400 mg. | Red/Blue | 20.50 |
| DIMETAPP EXTENTABS | BROMPHENTAPP T.D. Tabs | | Lt. Blue | 11.50 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE | 25 mg. | Peach | 2.00 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE | 50 mg. | Peach | 3.00 |
| METICORTELONE | PREDNISOLONE Tabs | 5 mg. | Peach | 6.85 |
| METICORTONE | PREDNISONE Tabs | 5 mg. | White | 5.85 |
| NITRO-BID Caps. | NITROGLYCERINE T.D. Caps | 2.5 mg. | Purple/Clr. | 1.00/C * |
| NITRO-BID Caps | NITROGLYCERINE T.D. Caps | 6.5 mg. | Yellow/Blue | 1.20/C * |
| NORGESIC | ORPHENGESIC Tabs | | Yellow/Grn. | 13.65 |
| NORFLEX | ORPHENADRINE CIT. Tabs | 100 mg. | White | 14.70 |
| PAVABID Caps | PAPAVERINE HCl. T.D. Caps | 150 mg. | Brown/Clr. | 11.75 |
| PLEGINE | PHENDIMETRAZINE TART. Tabs | 35mg. | Yellow | 3.70 |
| " | " | " | Pink | 3.70 |
| " | " | " | Green | 3.70 |
| " | " | " | Gray | 3.70 |
| ROBAXIN | METHOCARBAMOL Tabs | 500 mg. | White | 16.50 |
| ROBAXIN | METHOCARBAMOL Tabs | 750 mg. | White | 25.50 |

### OVER-THE-COUNTER-ITEMS

| | | | | |
|---|---|---|---|---|
| ALLBEE W/C Caps | B-COMPLEX W/C Caps | | Yellow/Grn. | 8.90 |
| C-CHEWIES Tablets | CHEWABLE VITAMIN C Tabs | 100 mg. | Orange | 2.65 |
| C-CHEWIES Tablets | CHEWABLE VITAMIN C Tabs | 250 mg. | Orange | 4.85 |
| CONTAC COLD Capsules | COLD Capsules | | Red/Clear | 7.90 |
| DULCOLAX Tablets | BISACODYL Ent. Coated Tabs | 5 mg. | Yellow | 3.00 |
| FEOSOL SPANSULES | FERROUS SULFATE T.D. Caps | 150 mg. | Red/Clear | 7.35 |
| GEL-CAPS | GELATIN Capsules | 10 gr. | Pink | 6.85 |
| ONE-A-DAY Tablets | BON-A-DAY Vitamin Tablets | | Red | 2.10 |
| ONE-A-DAY w/IRON Tabs | BON-A-DAY w/IRON Tabs | | Yellow | 2.25 |
| TYLENOL Tablets | ACETAMINOPHEN Tablets | 325 mg. | White | 4.20 |
| THERAGRAN Tablets | THERA VITAMINS | | Red | 8.40 |
| THERAGRAN-M Tablets | THERA-M VITAMINS | | Maroon | 8.90 |

* supplied in 100s only

(continued)

** See Page. #2

Inwood Laboratories
INCORPORATED
300 PROSPECT STREET — INWOOD, N.Y. 11696
(212) 471-8000 — (516) 371-1155

SEYMOUR FIELD
Vice President — Operations



## OVER-THE-COUNTER ITEMS

| NATIONAL BRAND | GENERIC EQUIVALENT | Strength | Color | BULK PRICE PER "M" |
|---|---|---|---|---|
| VITAMIN B-1 Tablets | U.S.P. | 50 mg. | White | 3.15 |
| VITAMIN B-1 Tablets | U.S.P. | 100 mg. | White | 4.70 |
| VITAMIN B-12 Tablets | U.S.P. | 50 mcg. | Pink | 2.20 |
| VITAMIN B-12 Tablets | U.S.P. | 100 mcg. | Pink | 2.90 |
| VITAMIN C Tablets | ASCORBIC ACID Tablets | 100 mg. | White | 2.00 |
| VITAMIN C Tablets | ASCORBIC ACID Tablets | 250 mg. | White | 3.75 |
| VITAMIN C Tablets | ASCORBIC ACID Tablets | 500 mg. | White | 5.75 |

## TERMS OF SALE

PAYMENT: NET 30 DAYS

ARRANGEMENTS Available for Customers Label
Or INWOOD Label

SPECIAL FORMULATIONS will be quoted upon request.

#ADDITIONAL Bottling & Labeling Charg

100s ..... 30¢ each
500s ..... 40¢ each
1000s ..... 50¢ each

**Plaintiff's Exhibit 49**

*Inwood Laboratories*
INCORPORATED
300 PROSPECT STREET—INWOOD, N.Y. 11696

| NATIONAL BRAND | GENERIC EQUIVALENT | STRENGTH | COLOR | UNIT | PRICES |
|---|---|---|---|---|---|
| DIMETAPP EXTENTABS | BROMPHENTAPP T.D. TABLETS | | Lt. Blue | 100s | $1.40 |
| | | | | 500s | 5.90 |
| | | | | 1000s | 11.00 |
| CYCLOSPASMOL CAPSULES | CYCLANDELATE CAPSULES | 200 mg. | Lt. Blue | 100s | 1.40 |
| | | | | 500s | 5.90 |
| | | | | 1000s | 11.00 |
| CYCLOSPASMOL CAPSULES | CYCLANDELATE CAPSULES | 400 mg. | Red/Blue | 100s | 2.10 |
| | | | | 500s | 9.60 |
| | | | | 1000s | 18.75 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE TABLETS | 25 mg. | Peach | 100s | .60 |
| | Licensed under Patent #3163645 | | | 1000s | 3.00 |
| HYDRO-DIURIL | HYDROCHLOROTHIAZIDE TABLETS | 50 mg. | Peach | 100s | .70 |
| | Licensed under Patent #3153645 | | | 1000s | 3.75 |
| ISORDIL T.D. TABLETS TEMBIDS | ISOSORBIDE DINITRATE T.D. TABLETS | 40 mg. | Yellow | 100s | 1.80 |
| | | | | 500s | 7.90 |
| | | | | 1000s | 15.00 |
| ROBAXIN | METHOCARBAMOL TABLETS | 500 mg. | White | 100s | 1.60 |
| | | | | 500s | 7.90 |
| | | | | 1000s | 15.00 |
| ROBAXIN | METHOCARBAMOL TABLETS | 750 mg. | White | 100s | 2.95 |
| | | | | 500s | 12.50 |
| | | | | 1000s | 24.00 |
| METICORTELONE | PREDNISOLONE TABLETS | 5 mg. | Peach | 100s | 1.30 |
| | Licensed under Patent #3134716 | | | 1000s | 6.00 |
| METICORTONE | PREDNISONE TABLETS | 5 mg. | White | 100s | 1.15 |
| | Licensed under Patent #3134716 | | | 1000s | 7.00 |

NO FREE GOODS CAN BE APPLIED TO THIS EXTRA OFFER

| NATIONAL BRAND | GENERIC EQUIVALENT | STRENGTH | COLOR |
|---|---|---|---|
| NITRO-BID CAPSULES | NITROGLYCERINE T.D. CAPSULES | 2.5 mg. | Purple/Clr. |
| | MINIMUM ORDER 250 x 100 and over .90 Per Bottle | | |
| | 1000 x 100 and over .75 Per Bottle | | |
| NITRO-BID CAPSULES | NITROGLYCERINE T.D. CAPSULES | 6.5 mg. | Yellow/Blue |
| | MINIMUM ORDER 250 x 100 and over 1.05 Per Bottle | | |
| | 1000 x 100 and over .90 Per Bottle | | |

TO QUALIFY ORDERS MUST BE POSTMARKED NO LATER THAN JUNE 15th, 1978
OFFER IS AND SUBJECT TO PRICE AND AVAILABILITY

Plaintiff's Exhibit 49

## NO FREE GOODS PERMITTED

## D.E.A. NUMBER REQUIRED WHEN ORDERING

| NATIONAL BRAND | GENERIC EQUIVALENT | STRENGTH | COLOR | UNIT PRICES | |
|---|---|---|---|---|---|
| FIORINAL TABLETS | BUTALBITAL TABLETS with A.P.C. | — | White | 100s | $1.05 |
| | | | | 500s | 3.90 |
| | | | | 1000s | 7.50 |
| LOMOTIL | DIPHENOXYLATE HCL with Atropine Sulfate Tablets | — | White | 100s | 1.10 |
| | | | | 500s | 4.50 |
| | | | | 1000s | 8.00 |
| PLEGINE | PHENDIMETRAZINE TARTRATE Can be supplied in Yellow, Pink, Green, Gray | 35 mg. | | 1000s | 3.90 |

### BULK OVER-THE-COUNTER ITEMS

| NATIONAL BRAND | GENERIC EQUIVALENT | STRENGTH | COLOR | **BULK PRICE Per "M" |
|---|---|---|---|---|
| ALLBEE With C Caps | B-COMPLEX With C Caps | — | Yellow/Grn. | $9.90 |
| CONTAC COLD CAPSULES | COLD CAPSULES | — | Red/Clr. | 7.90 |
| FEOSOL SPANSULES | FERROUS SULFATE T.D. CAPSULES | 150 mg. | Red/Clr. | 6.95 |
| GEL-CAPS | GELATIN CAPSULES | 10 gr. | Pink | 6.85 |
| TYLENOL TABLETS | ACETAMINOPHEN TABLETS | 325 mg. | White | 4.20 |
| VITAMIN C TABLETS | ASCORBIC ACID TABLETS | 250 mg. | White | 3.75 |
| VITAMIN C TABLETS | ASCORBIC ACID TABLETS | 500 mg. | White | 6.45 |

### TERMS OF SALE

PAYMENT: NET 30 DAYS
ARRANGEMENTS Available for Customer's Label or INWOOD Label.
SPECIAL FORMULATIONS will be quoted upon request.

**ADDITIONAL Bottling & Labeling Charge:

100s ..... 30c each
500s ..... 40c each
1000s ..... 50c each

**Guaranteed conformity to F.D.A.-U.S.P. and N.F. standards**

**Complete bioavailability where required • Quality generic products**

**Competitive price structure • Dedicated service**

**Finest laboratory control available—full assay report issued with each batch**

**For information and orders, call: (212) 471-8000 (516) 371-1155**

616a
**Plaintiff's Exhibit 49**

# Inwood Laboratories

INCORPORATED

300 PROSPECT STREET — INWOOD, N.Y. 11696

(212) 471-8000 — (516) 371-1155

Sy. Field

PLF. DEF. EX # 17 IN EV FOR ID
WIT.
DATE Dec. 19 19
BAR ASS'N. REPORTING SERVICE

## FALL - WINTER PROMOTIONS

## 1976 - 1977

. . . . . .

GENERICS

VITAMINS

O.T.C. PRODUCTS

SPECIAL NET PRICES

MINIMUM SHIPPING ORDER: $35.00 Net

KART ONLY
BOLT

Exhibit L-MC

Plaintiff's Exhibit 49

| Quantity | SIZE | GENERIC PRODUCTS | NET PRICE |
|---|---|---|---|
| | 100 | APAP Tablets (comparable to Tylenol) | $ .6 |
| | 1000 | APAP Tablets | 5.2 |
| | 100 | Bon-O-Lax Tablets (comparable to Dulcolax) | .7 |
| | 1000 | Bon-O-Lax Tablets (Bisacodyl Tablets, U.S.P., 5 mg. enteric-coated) | 5.0 |
| | 100 | Bromphentapp T.D. Tablets (comparable to | 1.7 |
| | 500 | Bromphentapp T.D. Tablets Dimetapp Extentabs) | 8.0 |
| 12 doc | 1000 * | Bromphentapp T.D. Tablets | 15.0 |
| | 1000 | Chlorpheniramine Maleate Tablets, 4 mg. (comparable to Chlor-Trimeton) | 1.7 |
| | 100 | Cyclandelate Capsules, 200 mg. (comparable to | 2.50 |
| | 500 | Cyclandelate Capsules, 200 mg. Cyclospasmol Capsules) | 12.00 |
| 12 doc | 1000 * | Cyclandelate Capsules, 200 mg. | 23.00 |
| | 100 | Cyclandelate Capsules, 400 mg. (comparable to | 4.50 |
| | 500 | Cyclandelate Capsules, 400 mg. Cyclospasmol Capsules) | 21.50 |
| 12 doc | 1000 | Cyclandelate Capsules, 400 mg. | 40.00 |
| | 100 | Ferrous Sulfate T.D. Capsules, 150 mg. (comparable to | 1.00 |
| | 1000 | Ferrous Sulfate T.D. Capsules, 150 mg. Feosol Spansules) | 9.00 |
| | 100 | Gelatin Capsules, 10 grs., Pink | 1.00 |
| | 100 | Hydrochlorothiazide Tablets, U.S.P. 25 mg. & 50 mg. | Prices |
| | 1000 | (comparable to Hydrodiuril) Peach | Request |
| | 100 | Methocarbamol Tablets, 500 mg. (comparable to | 3.20 |
| 1.50 | 500 | Methocarbamol Tablets, 500 mg. Robaxin Tablets) | 15.00 |
| | 1000 | Methocarbamol Tablets, 500 mg. | 29.00 |
| | 100 | Methocarbamol Tablets, 750 mg. (comparable to | 4.50 |
| 1.50 | 500 | Methocarbamol Tablets, 750 mg. Robaxin Tablets) | 20.00 |
| | 1000 | Methocarbamol Tablets, 750 mg. | 38.00 |
| | 100 | Methyltestosterone Tablets, 10 mg. (comparable to | 1.90 |
| 11.50 | 1000 | Methyltestosterone Tablets, 10 mg. Metandren) | 16.00 |
| | 100 | Methyltestosterone Tablets, 25 mg. (comparable to | 3.80 |
| | 1000 | Methyltestosterone Tablets, 25 mg. Metandren) | 36.00 |
| 00 | 100 | Nitroglycerin Capsules 2.5 mg. T.D., Lav. & Clear | 1.35 |
| 25 | 100 * | Nitroglycerin Capsules 6.5 mg. T.D., Blue & Orange (comparable to Nitro-Bid) | 1.50 |
| | 100 | Orphenadrine Citrate Tablets, 100 mg. (comparable to | 3.50 |
| 1.70 | 500 | Orphenadrine Citrate Tablets, 100 mg. Norflex) | 16.50 |
| | 1000 | Orphenadrine Citrate Tablets, 100 mg. | 31.00 |

2.35 M 4.30 M

Iso Sorbide TD tab 40 mg 16.00

Plaintiff's Exhibit 49

| Quantity | SIZE | GENERIC PRODUCTS | SPECIAL NET PRICES |
|---|---|---|---|
| | 100 | Orphengesic Tablets (comparable to Norgesic Tablets) | $ 2.50 |
| | 500 | Orphengesic Tablets | 11.50 |
| 3.60 | 1000 | Orphengesic Tablets | 20.00 |
| | 100 | Papaverine Hydrochloride Capsules, U.S.P., T.D. 150 mg., Brown & Clear | 2.00 |
| 12.00 | 1000 * | Papaverine Hydrochloride Capsules, U.S.P., T.D. 150 mg., Brown & Clear (comparable to Pavabid) | 14.50 |
| | 1000 | * Phendimetrazine Bitartrate Tablets, 35 mg., Yellow, Pink, | 7.50 |
| | 5000 | * Phendimetrazine Bitartrate Tablets, " Green & Gray (comparable to Plegine) | 36.50 |
| | 100 | Prednisolone Tablets, 5 mg. (comparable to | 1.10 |
| 6.60 | 1000 * | Prednisolone Tablets, 5 mg. Meticortelone) | 8.25 |
| | 100 * | Prednisone Tablets, 5 mg. (comparable to | 1.00 |
| 5.00 | 1000 | Prednisone Tablets, 5 mg. Meticorten) | 7.50 |
| | 100 | Tetracycline Hydrochloride Capsules, U.S.P., 250 mg., Yellow & Orange | 1.50 |
| | 1000 * 10.00 | Tetracycline Hydrochloride Capsules, U.S.P., 250 mg., Yellow & Orange | 11.25 |

* D.E.A. No. Required

## SPECIAL OFFER

| | | |
|---|---|---|
| 4 oz. | Exo-Kol Cough Syrup - Adult - New Formula | 60¢ Net Each |
| 4 oz. | Exo-Kol Cough Cyrup - Pediatric - New Formula | 60¢ Net Each |
| 4 oz. | Elixir Terpin Hydrate with D.M., N.F. (Subject to prior sale and availability) Packed: 2 doz. to a shipping carton per item) | 60¢ Net Each |

| Quantity | SIZE | VITAMIN PRODUCTS | NET PRICES |
|---|---|---|---|
| | 100 | Ascorbic Acid Tablets, 100 mg. | $ .40 |
| | 100 | Ascorbic Acid Tablets, 250 mg. | .60 |
| | 250 | Ascorbic Acid Tablets, 250 mg. | 1.25 |
| | 1000 | Ascorbic Acid Tablets, 250 mg. | 4.50 |
| | 100 | Ascorbic Acid Tablets, 500 mg. | .95 |
| | 250 | Ascorbic Acid Tablets, 500 mg. | 2.10 |
| | 1000 | Ascorbic Acid Tablets, 500 mg. | 8.00 |
| | 100 | Ascorbic Acid Chewable Tablets, 100 mg. | .43 |
| | 1000 | Ascorbic Acid Chewable Tablets, 100 mg. | 4.00 |
| | 100 | Ascorbic Acid Chewable Tablets, 250 mg. | .85 |
| | 1000 | Ascorbic Acid Chewable Tablets, 250 mg. | 6.50 |
| | 100 | Ascorbic Acid Chewable Tablets, 500 mg. | 1.50 |

PLAINTIFF'S EXHIBIT 50

# DARBY DRUG CO., INC.

100 Banks Ave.
Rockville Centre, L.I., N.Y. 11570

# WINTER 1977

BRAND & GENERICS FROM DARBY

NEW EXPANDED ISSUE

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## VITAMIN B-12

Crystalline 1000 mcg. - Cc

| | 10 | 50 |
|---|---|---|
| 300-2040 10cc vials | 4.50 | 21.25 |
| 300-2060 30cc vials | 5.60 | 26.90 |

## CHLORDIAZEPOXIDE HCL.®

(Similar to Librium)

| 5 mg. Caps (Yellow & Green) | 10 mg. Caps (Black & Green) | 25 mg. Caps (White & Green) |
|---|---|---|
| 003-4870 100 — 1.45 | 003-4880 100 — 1.80 | 003-4890 100 — 2.30 |
| 003-4872 500 — 6.40 | 003-4882 500 — 7.25 | 003-4892 500 — 10.25 |
| 003-4872 2x500 — 12.45 | 003-4885 1M — 13.45 | 003-4892 2x500 — 18.95 |

## TETRACYCLINE HCL.

F.D.A. Certified U.S.P.

| 250 mg. Caps (Orange & Yellow) | 500 mg. Caps (Black & Yellow) |
|---|---|
| 310-1825 1M –11.75 | 310-1870 100 –2.70 |
| 310-1825 5x 1M –58.25 | 310-1875 1M –22.80 |

## AMPICILLIN TRIHYDRATE

F.D.A. Certified

| 250 mg. Caps | 500 mg. Caps |
|---|---|
| 310-0010 100 –4.70 | 310-0016 100 – 9.30 |
| 310-0015 500 –22.85 | 310-0018 500 –45.50 |
| 310-0015 1M –45.20 | 310-0018 2x 500 –90.50 |

## PROPOXYPHENE COMPOUND-65

(Similar to Darvon Compound-65)

004-3830 100 — 1.95
004-3832 500 — 7.45
004-3834 1M — 14.25

## ERYTHROMYCIN STEARATE TABS

250 mg.
310-0250
100 — 5.55
310-0255
500 — 26.85

## PAVAGEN

(Papaverine HCl)
150 mg. T.D. Caps

004-1248 100 — 1.95
004-1249 500 — 7.95
004-1247 1M — 14.95

## DIPHENATOL®

Tabs
(Similar to Lomotil)

003-7830 100 — 2.75
003-7835 500 — 11.95

PLAINTIFF'S EXHIBIT 50

## STERILE DISPOSABLE SYRINGES

MANUFACTURED IN U.S.A. — Cc — NEEDLE

SIZES AVAILABLE

| | | | | | |
|---|---|---|---|---|---|
| 321-1040 | 25 x ⅝ | 321-1030 | 22 x 1¼ | 321-1010 | 21 x 1 |
| 321-1035 | 23 x 1 | 321-1025 | 22 x 1½ | 321-1005 | 20 x 1½ |
| 321-1050 | 22 x 1 | 321-1015 | 21 x 1½ | 321-1000 | 20 x 1 |

100 6.90 1000 65.70

Plaintiff's Exhibit 50

IMPORTANT
Please add STOCK No. when ordering.

-84e-

# Tablets/Capsules

| | | 1M | 5x1M |
|---|---|---|---|
| **Cold Tabs #2 with DMH (Rose)** | Phenylpropanolamine Hcl. 25 mg. Chlorpheniramine 2 mg. Pyrilamine Maleate 10 mg. Terpin Hydrate 2½ gr. APAP 5 gr. Dextromethorphan HBr 7½ mg. | 15.50 | 75.25 |
| 003-5010 | | | |
| **Cold Tabs Flavored (Children's) (Yellow)** | Salicylamide ¼ gr. Acetophenetidin ½ gr. Camphor Monobrs. ⅛ gr. Atropine Sulf. 1/322 gr. Phenolphthalein 1/10 gr. | 2.75 | 12.90 |
| 003-5100 | | | |
| **Cold Capsules—Mild (Yellow/Blue)** | Acetylsalicylic Acid 3½ gr. Acetophenetidin 2½ gr. Pyrilamine Mal. 10 mg. Caffeine ½ gr. | 8.75 | 42.50 |
| 003-5040 | | | |
| **Cold Capsules—Medium (Yellow/Purple)** | Salicylamide 2½ gr. Acetophenetidin 2½ gr. Caffeine ½ gr. Pyrilamine Mal. 25 mg. | 11.50 | 56.50 |
| 003-5060 | | | |
| **Cold Capsules—Forte (Brown/White)** | Acetylsalicylic Acid 2½ gr. Acetophenetidin 1½ gr. Quinine Sulfate ½ gr. Atropine Sulfate 1/1000 gr. Camphor ½ gr. Podophyllin 1/60 gr. Aloin 1/10 gr. | 10.90 | 53.20 |
| 003-5080 | | | |
| **Conjugated Estrogens U.S.P.** | | | |
| 003-5181 | 0.625 mg. Tabs (Maroon) 003-5180 (100—1.85) | 16.95 | |
| 003-5221 | 1.25 mg. Tabs (Yellow) 003-5220 (100—3.15) | 24.50 | |
| 003-5260 | 2.50 mg. Tabs (Purple) 003-5260 (100—5.40) | 37.50 | |
| **Cortisone Tablets** | | | |
| 003-5300 | 25 mg. (White) (100—3.75) | 34.90 | |
| **Cough Wafers/Mentholated** | Benzocaine ¼ gr. — Licorice P.E. 1/16 gr. Oil of Anise, Eucalyptol and Menthol | 2.75 | 12.95 |
| 003-5340 | | | |
| **CYCLANDELATE (Similar to Cyclospasmol)** | | | |
| 003-5315 | 200 mg. Caps (Blue) 003-5310 (100—1.85) | 14.65 | |
| 003-5290 | 400 mg. Caps (100—3.45) | | |
| **CYTOMINE® Tabs (Similar to Cytomel)** | | | |
| 003-5338 | 25 mcg. (White) 003-5330 (100—1.10) | 7.45 | |
| 003-5357 | 50 mcg. (White) 003-5355 (100—1.15) | 8.95 | |

## ONE OF AMERICA'S MOST POPULAR GENERIC FORMULAS

| | | 1M | 5x1M |
|---|---|---|---|
| **DARLITE® (Capsule Shaped Tabs) (S.C. Brown)** | D 400 un. A 5,500 un. C 60 mg. B1 3.5 mg. B2 2.4 mg. B6 0.8 mg. B12 1.5 mcg. E 3 u.s. Cal. Pan. 3.5 mg. Niacinamide 12 mg. Pot. Sulfate 6 mg. Zinc Sulfate 0.2 mg. Dried Yeast 10 mg. Wheat Germ Oil 10 mg. Biotin 3 mcg. Choline Bitar. 5 mg. Dical. Phos. 110 mg. Inositol 5 mg. Phosphorous 65 mg. Ferrous Sulf. 12 mg. Iodine (Pot. Iodide) 0.13 mg. Copper Sulfate 0.25 mg. Manganese Sulf. 0.25 mg. Magnesium Sulf. 5 mg. Para-Amino-Benzoic Acid 5 mg. | 6.50 | 31.00 |
| 003-5541 | | | |
| | **Also Available** 003-5540 100—.85 10x100—8.00 | | |

| | | 1M | 5x1M |
|---|---|---|---|
| **DECONGEST Tabs (White) (Similar to Dristan) (100—.95)** | Phenylephrine Hcl. 5 mg. — Phenindamine Tartrate 10 mg. — Aspirin, Caffeine — Alum. Hydroxide — Magnesium Carb. Co-dried gel. | 8.75 | |
| 003-5710 | | | |
| **DECONGESTIVE T.D. Caps** 003-5720 (250—5.05) | Chlorpheniramine Maleate 8 mg. Phenylephrine Hcl. 20 mg. Methscopolamine Nitrate 2.5 mg. | 19.50 | |
| 003-5721 | | | |
| **DEGENEX Caps (Similar to Ornex)** 003-5740 (100—1.65) | Acetaminophen 325 mg. Phenylpropanolamine Hcl. 18 mg. | 12.95 | |
| 003-5745 | | | |
| **Dehydrocholic Acid Tabs** | | | |
| 003-5760 | 3¼ gr. (White) | 27.85 | |
| 003-5780 | 3¼ gr. w/Belladonna Alk. (White) | 28.90 | |
| **DEXAMETHASONE** | | | |
| 003-5820 | 0.75 mg. Tabs (Green) (100—3.80) | 36.30 | |
| 003-5840 | 1.5 mg. Tabs (Pink) (100—4.15) | | |

C-D

GENERIC GUIDE Section

DARBY

## NAME BRAND

**CORTONE**
**25 MG. TABS**
(Cortisone Acetate)
Merck
173-1210 100—11.40

**CRYSTODIGIN**
**TABS**
Lilly
159-2155 0.1 MG.... 500— 4.15
159-2160 0.1 MG.... 5000—32.50
159-2250 0.2 MG.... 500— 6.20

**CYCLOSPASMOL**
**200 MG. CAPS**
Ives
144-0200 100— 8.40
144-0238 1M—78.45

**CYTOMEL**
(Sod. Liothyronine)
S.K.F.
**25 MCG. TABS**
250-2100 100— 2.70
250-2105 1M—25.50
**50 MCG. TABS**
250-2115 100— 4.10

## "BRANDED GENERICS" by DARBY

ORDER BY NUMBER PLEASE

**CORTISONE ACETATE**
**25 MG. TABS**
Darby
003-5300 100— 3.75
003-5305 10x100—34.90

**DIGITOXIN**
**TABS**
Darby
003-7300 0.1 MG. 1M— 2.20
003-7301 0.1 MG. 1x5M—10.15
003-7320 0.2 MG. 1M— 2.60
003-7321 0.2 MG. 1x5M—11.75

**CYCLANDELATE**
**200 MG. CAPS**
Darby
003-5310 100— 1.85
003-5315 1M—14.65

**CYTOMINE™**
(Sod. Liothyronine)
Darby
**25 MCG. TABS**
003-5330 100—1.10
003-5335 1M—7.45
**50 MCG. TABS**
003-5336 100—1.15
003-5337 1M—8.95

**PROPOXYPHENE**
**w/APAP** Darby
Each Capsule Shows:
Tab Contains:
Propoxyphene HCl—32 mg.
Acetaminophen—325 mg.
004-3980 100—2.50
004-3985 500—10.95

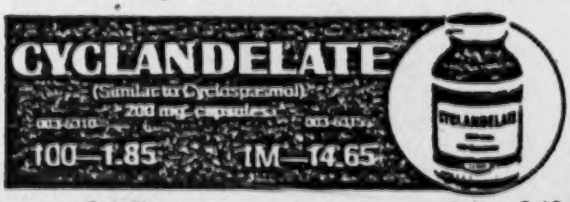
**PROPOXYPHENE**
**w/APAP** Darby
Each Capsule Shows:
Tab Contains:
Propoxyphene HCl—32 mg.
Acetaminophen—325 mg.
004-3870 100—4.15
004-3875 500—18.95

IMPORTANT! Please add Stock No. when ordering

## C (Continued)

| | | Size | Price |
|---|---|---|---|
| | **Cortisporin** | | |
| 122-1700 | Oint. ½ oz. | 1— | 3.00 |
| 122-1810 | Otic | 10cc— | 3.00 |
| 122-1900 | Ophth. Oint. 1/8 oz. | 1— | 1.50 |
| 122-2000 | Ophth. Susp. | 5cc— | 2.10 |
| 172-1210 | Cortone 25 mg. tabs | 100— | 11.40 |
| 172-1220 | Cortone 25 mg./cc. (10—50.60) | 20cc— | 5.20 |
| 132-1900 | Cort-Quin Creme ½%—½ oz. | 1— | 2.20 |
| 207-0400 | Cortril Oint. ½oz. | 1— | 1.50 |
| 207-0480 | Coryban-D caps | 24— | 1.00 |
| 230-1600 | Co-Salt | 8oz— | 2.65 |
| 168-3730 | Cosanyl-DM Cough Syrup | 1pt.— | 4.85 |
| 184-0300 | Cotazym caps | 100— | 5.95 |
| 184-0410 | Cotazym-B | 60— | 5.25 |
| 328-6380 | Cotton Swabs Sterile J&J | 175— | 1.10 |
| 164-2430 | Co-Tylenol tabs. | 30— | 1.05 |

| | | | |
|---|---|---|---|
| | **COUMADIN** (Warfarin Sod.) | | |
| 138-0100 | 2mg. (1M—45.75) | 100— | 4.85 |
| 138-0200 | 2.5 mg. (1M—45.75) | 100— | 4.85 |
| 138-0500 | 5 mg. (1M—50.25) | 100— | 5.40 |
| 138-0700 | 7.5 mg | 100— | 6.55 |
| 138-0800 | 10 mg. (1M—72.60) | 100— | 7.80 |
| 242-0600 | Creamalin tabs. | 200— | 2.95 |
| 179-2430 | Crest Toothpaste Family Size | 1— | 1.20 |
| 179-2438 | Crest Toothpaste Mint Flav | 1— | 1.20 |
| 187-2438 | Cruex Spray Powder | 4oz— | 1.60 |
| 187-2440 | Cruex Spray Powder | 12oz— | 3.35 |
| | **CRYSTICILLIN** | | |
| 222-0325 | 300 A.S. 10cc. (50—37.20) | 10— | 7.90 |
| 222-0350 | 600 A.S. 12cc. (50—72.60) | 10— | 15.20 |
| | **CRYSTODIGIN** | | |
| 158-2150 | 0.05 mg | 500— | 2.55 |
| 158-2188 | 0.1 mg. (5M—32.50) | 500— | 4.15 |
| 158-2200 | 0.15 mg. | 500— | 5.45 |
| 158-2250 | 0.2 mg. | 500— | 6.20 |
| 131-2440 | Cuprex | 3oz— | 1.95 |
| 172-1300 | Cuprimine 250 mg. caps | 50— | 9.80 |
| 254-2480 | Cuticura Soap Bath Bars | 3— | 1.65 |
| 259-1800 | Cyclogesterin Oil | 5cc— | 5.75 |
| 104-2500 | Cyclogyl 0.5% | 15ml— | 4.90 |
| 104-2600 | Cyclogyl 1.0% | 15ml— | 5.65 |
| 104-0380 | Cyclomydril Ophthalmic Sol. | 7.5cc— | 3.15 |
| | **CYCLOSPASMOL** (Cyclandelate) | | |
| 144-0100 | 100 mg. tabs. (500—19.30) | 100— | 4.20 |
| 144-0200 | 200 mg. caps. (500—39.90) | 100— | 8.40 |
| 144-0288 | 200 mg. caps | 1M— | 78.45 |




| | | | |
|---|---|---|---|
| 158-2300 | Cytellin. | 1pt.— | 6.10 |
| 118-1100 | Cytoferin tabs | 100— | 3.00 |
| 220-2000 | Cytomel 5 mcg. | 100— | 1.80 |
| 220-2100 | Cytomel 25 mcg. (1M—25.60) | 100— | 2.70 |
| 220-2118 | Cytomel 50 mcg. | 100— | 4.10 |
| 168-0725 | Cytoxan 25 mg tabs | 100— | 11.15 |
| 168-0750 | Cytoxan 50 mg. tabs. | 100— | 20.50 |

## D

| | | Size | Price |
|---|---|---|---|
| 140-0460 | D.B.I. 25 mg. tabs. (1M—52.20) | 100— | 5.40 |
| 140-0480 | DBI T.D.C. 50 mg. (1M—116.50) | 100— | 11.95 |
| 208-1500 | D.H.E. 45 1cc amps | 20— | 16.70 |
| 174-1170 | Dactil w/Pheno tabs | 50— | 3.25 |
| 180-1001 | Dainite-KI tabs. (500—45.20) | 100— | 9.80 |
| 200-0710 | Daimane 15 mg. caps. | 100— | 6.45 |
| 200-0715 | | 500— | 30.90 |
| 200-0730 | Daimane 30 mg. caps. | 100— | 7.70 |
| 200-0735 | | 500— | 37.30 |
| 243-0900 | Danocrine 200 mg caps. | 100— | 97.50 |
| 136-0072 | Dantrium 25 mg. caps. | 100— | 9.25 |
| 136-0082 | Dantrium 100 mg. caps | 100— | 17.85 |
| 186-1010 | Dara Shampoo | 1pt.— | 2.70 |
| 173-1700 | Daranide 50 mg. tabs | 100— | 7.30 |
| 122-3100 | Daraprim tabs. (1M—12.90) | 100— | 1.45 |
| 220-2300 | Darbid 5 mg. tabs (Isopropamide) | 50— | 3.90 |
| 162-0360 | Daricon 10 mg. tabs. (500—52.60) | 60— | 5.45 |
| 162-0370 | Daricon-PB tabs | 100— | 9.30 |
| 166-2340 | Darvocet-N tabs. (500—20.90) | 100— | 4.25 |
| 166-2347 | Darvocet-N 100. (500—38.90) | 100— | 7.85 |
| 166-2360 | Darvon 32 mg. (500—16.70) | 100— | 3.80 |
| 166-2450 | Darvon Comp-32. (500—17.90) | 100— | 3.80 |
| 166-2400 | Darvon 65 mg. (500—31.45) | 100— | 6.80 |
| 166-2500 | Darvon Comp-65. (500—31.70) | 100— | 6.90 |
| 166-2310 | Darvon ASA caps. (500—33.70) | 100— | 6.85 |
| 166-2310 | Darvon-N tabs. (500—35.75) | 100— | 7.25 |
| 166-2329 | Darvon-N Susp. 50 mg./5cc | 1pt.— | 5.40 |
| 166-2325 | Darvon-N w/A.S.A. (500—35.50) | 100— | 7.35 |
| 113-2900 | Detril tabs | 100— | 1.45 |
| 132-1980 | Dexolin caps 10 mg. | 100— | 10.90 |
| 132-1990 | Dexolin caps 25 mg. | 100— | 16.60 |
| 132-1970 | Dexolin caps 50 mg. | 100— | 21.90 |
| 103-0800 | Dayalets | 250— | 7.65 |
| 103-0900 | Dayalets w/Iron tabs. (250—8.25) | 100— | 3.50 |
| 186-0100 | Deaner 25 mg. tabs. | 100— | 6.60 |
| 186-0300 | Deaner 100 mg. tabs. | 50— | 6.60 |
| | **DECADRON** (Dexamethasone) | | |
| 172-1900 | 4 mg./cc. (25cc—26.65) | 5cc— | 5.50 |
| 172-2300 | 4 mg./cc w/Xylocaine | 5cc— | 5.50 |
| 172-2110 | L.A. Suspension | 5cc— | 8.90 |
| 172-1650 | 0.5 mg. tabs | 100— | 11.20 |
| 172-2000 | 0.75 mg. tabs | 100— | 13.70 |
| 172-1920 | 4 mg. tabs | 50— | 21.40 |
| 172-2100 | Elixir 100cc | 1— | 3.45 |
| 172-2125 | Ophth. Oint. 0.05% 3.5 gm. | 1— | 1.15 |
| 172-2150 | Ophth. Sol. 0.1% 2.5cc | 1— | 1.60 |
| 172-2175 | Respihaler Aerosol | 1— | 5.15 |
| 172-2200 | Turbinaire 12.6 gm. | 1— | 5.45 |
| 172-2250 | Topical Cream 0.1% | 15gm— | 2.15 |
| 172-1910 | 24 mg/cc | 5cc— | 23.75 |
| 184-0600 | Deca-Durabolin Box 4 x 1cc | 1— | 17.95 |
| 184-0800 | Deca-Durabolin 50 mg./cc. | 2cc— | 8.20 |
| 184-0910 | Deca-Durabolin 100 mg./cc | 2cc— | 14.40 |
| 172-2400 | Decagesic tabs | 100— | 7.10 |
| 172-2480 | Decaspray Topical Aerosol | 1— | 2.72 |
| 132-2030 | Decholin Amps 5cc. | 20— | 14.85 |
| 132-2050 | Decholin tabs. (500—31.70) | 100— | 6.55 |

PLAINTIFF'S EXHIBIT 51

# Sherry 1977 MEDICAL/SURGICAL CATALOG Fall

## AMITRIPTYLINE HCL

*Comparable to Elavil*

10 mg. Blue Film Coated

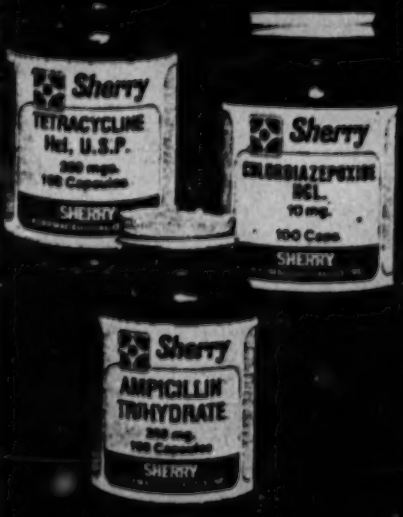
| | | |
|---|---|---|
| 003-0710 | 1x100 | 2.60 |
| 003-0715 | 1x1000 | 20.75 |

25 mg. Yellow Film Coated

| | | |
|---|---|---|
| 003-0720 | 1x100 | 3.45 |
| 003-0725 | 1x1000 | 30.55 |

50 mg. Beige F.C.

| | | |
|---|---|---|
| 003-0730 | 1x100 | 5.35 |




## NEW-INFLUENZA VIRUS VACCINE

Bivalent Types A & B 5cc size
400cca units/0.5ml

246-2950

1- 11.75 10- 114.50

ORDER NOW—SUPPLIES ARE LIMITED

## ISOXSUPRINE HCL

*Comparable to Vasodilan*

10 mg. Tabs

| | | |
|---|---|---|
| 003-9350 | 1x100 | 3.65 |
| 003-9355 | 1x1000 | 32.40 |

20 mg. Tabs

| | | |
|---|---|---|
| 003-9360 | 1x100 | 6.50 |
| 003-9365 | 1x500 | 29.70 |

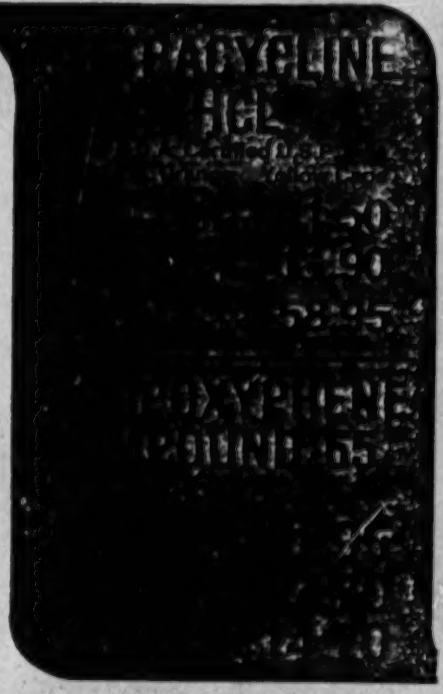
NEW LOW PRICE!

## HYDRO-CHLOROTHIAZIDE

*Comparable to Hydrodiuril*

50 mg. Tabs

| | | |
|---|---|---|
| 003-9190 | 1x100 | 1.00 |
| 003-9192 | 1x1000 | 4.50 |




## VITAMIN B12

1000 mcg/cc (Crystalline)

300-2040 10cc Vials

10 Vials 3.85 50 Vials 17.95

300-2060 30cc Vials

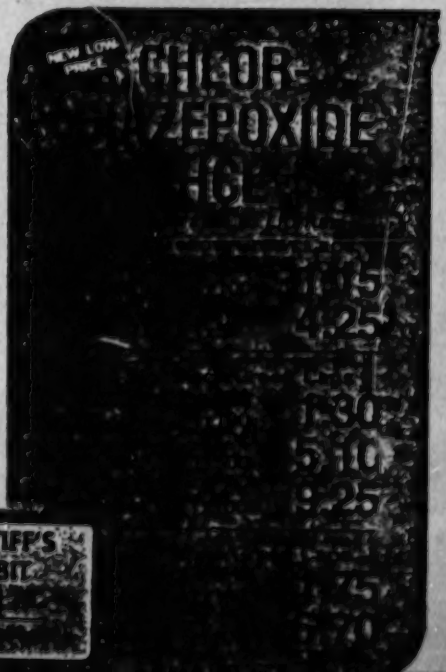
10 Vials 5.50 50 Vials 26.90

## AMPICILLIN TRIHYDRATE

F.D.A. Certified

250 mg. Maroon & Grey Caps

| | | |
|---|---|---|
| 310-0010 | 1x100 | 4.70 |
| 310-0015 | 1x500 | |
| 310-0013 | 1x1000 | |




PLAINTIFF'S EXHIBIT 51

Plaintiff's Exhibit 51

# GENERIC TABLETS and CAPSULES

**IMPORTANT—PLEASE USE PRODUCT NUMBERS WHEN ORDERING**

| | | | |
|---|---|---|---|
| **QUINIDINE SULFATE Caps. U.S.P. 5 gr.** | 004-4332 | 100 | 8.40 |
| | 004-4333 | 1M | 78.30 |
| **RAUWOLFIA SERPENTIA, N.F.** | | | |
| *(Comparable to Raudixin)* | | | |
| 50 mg. S. C. Red Tabs | 004-4360 | 1M | 4.15 |
| | 004-4361 | 1x5M | 20.45 |
| 100 mg. S. C. Red Tabs | 004-4400 | 1M | 5.80 |
| | 004-4401 | 1x5M | 27.75 |
| **RESERPINE U.S.P.** | | | |
| *(Comparable to Serpasil)* | | | |
| 0.1 mg. Tabs | 004-4540 | 1M | 1.25 |
| | 004-4541 | 1x5M | 5.55 |
| 0.25 mg. Tabs | 004-4580 | 1M | 1.30 |
| | 004-4581 | 1x5M | 5.50 |

## SPASMOL

*Comparable to Cyclospasmol*

200 mg. Blue Capsules

003-5310 1x100 **1.70** 003-5315 1x1000 **13.75**

| | | | |
|---|---|---|---|
| **R-H-H Pink Tabs** | 004-7210 | 100 | 1.75 |
| *(Comparable to Ser-Ap-Es)* | 004-7212 | 1M | 14.45 |
| Each pink tab contains: Reserpine 0.1 mg., Hydralazine 25 mg., Hydrochlorothiazide 15 mg. | | | |
| **SACCHARIN U.S.P.** | | | |
| ¼ gr. White Tabs | 004-5080 | 1M | .80 |
| | 004-5080 | 5x1M | 3.75 |
| ½ gr. White Tabs | 004-5100 | 1M | 1.25 |
| | 003-5100 | 5x1M | 6.00 |
| **SENACTIN Tabs** | 004-5290 | 100 | .75 |
| *(Comparable to Senokot)* | 004-5295 | 1M | 3.85 |
| Each tab contains: Standardized Extract of Senna Fruit 217 mg. | | | |
| **SHERDECON Tabs** | 004-7250 | 100 | 1.65 |
| *(Comparable to Naldecon)* | 004-7257 | 1M | 13.60 |
| **SHERFACT Tabs** | 003-0180 | 100 | 1.30 |
| *(Comparable to Actifed)* | 003-0185 | 1M | 9.45 |
| Each tab contains: Tripolidine Hcl 2.5 mg., Pseudoephedrine Hcl 60 mg. | | | |

## SHERDECON Tabs

*Comparable to Naldecon*

004-7250 1x100 **1.65**

004-7257 1x1000 **13.60**

| | | | |
|---|---|---|---|
| **SHERRYLAC Tabs** | 003-4301 | 1M | 3.00 |
| *(Comparable to Titralac)* | 003-4301 | 5x1M | 14.40 |
| Each tab contains: Calcium Carbonate 0.42 gm., Glycine 0.18 gm. | | | |
| **SHERRYSWEET Tabs** | 004-5330 | 1M | 1.95 |
| Each tab contains: Saccharin 16.2 mg. and Potassium Bitartrate | 004-5330 | 5x1M | 9.25 |
| **SIN-A-PAP Tabs** | 004-1580 | 100 | 1.10 |
| *(Comparable to Sinutabs)* | 004-1581 | 1M | 7.45 |
| Each pink tab contains: APAP 150 mg., Phenyltoloxamine 22 mg., Phenacetin 150 mg., Phenylpropanolamine Hcl 25 mg. | 004-1581 | 5x1M | 34.95 |
| **SINEEZE Caps** *(Comparable to Omex)* | 003-5740 | 100 | 1.65 |
| Each blue & white cap contains: APAP 325 mg., Phenylpropanolamine Hcl 18 mg. | 003-5745 | 1M | 12.95 |

| | | | |
|---|---|---|---|
| **SINO-CLEAR Multilayer Tabs** | 004-5360 | 1M | 9.70 |
| Prompt Relief of Colds, Hay Fever, Sinus | 004-5360 | 5x1M | 44.95 |
| Each tab contains: Caffeine 10 mg., Chlorpheniramine Mal. 2 mg., Phenacetin 100 mg., Phenylephrine Hcl 5 mg., Salicylamide 227 mg. | | | |
| **SODIUM FLUORIDE** | | | |
| 2.2 mg. White Tabs | 004-5480 | 1M | 1.55 |
| | 004-5480 | 5x1M | 7.10 |
| 2.2 mg. Chewable, Flavored Tabs | 004-5490 | 1M | 1.65 |
| | 004-5490 | 5x1M | 7.75 |
| **SODIUM SALICYLATE U.S.P.** | | | |
| 5 gr. E. C. Red Tabs | 004-5600 | 1M | 4.75 |
| | 004-5600 | 5x1M | 22.95 |
| 10 gr. E. C. Red Tabs | 004-5620 | 1M | 6.95 |
| | 004-5620 | 5x1M | 32.95 |
| **SPASMOL Caps** | | | |
| *(Comparable to Cyclospasmol)* | | | |
| 200 mg. Blue Caps | 003-5310 | 100 | 1.70 |
| | 003-5290 | 500 | 13.75 |
| 400 mg. Red/Blue Caps | 003-5293 | 100 | 3.10 |
| | 003-5290 | 500 | 13.60 |
| **SPASMTABS** | 003-9200 | 1M | 1.95 |
| *(Comparable to Donnatal)* | 003-9201 | 1x5M | 8.75 |
| Each white tab contains: Atropine Sulfate 0.0194 mg., Hyoscine HBr .0065 mg., Hyoscyamine SO. 0.1037 mg., Phenobarbital ¼ gr. | | | |

NEW LOW PRICE

## SHERFACT

*Comparable to Actifed*

White Tablets

003-0180 1x100 **1.30** 003-0185 1x1000 **9.45**

| | | | |
|---|---|---|---|
| **SPASTOLATE Caps** | 003-9260 | 1M | 8.05 |
| *(Comparable to Donnatal)* | 003-9260 | 5x1M | 38.10 |
| Each green & clear cap contains: Atropine Sulfate 0.0194 mg., Hyoscine HBr .0065 mg., Hyoscyamine SO, 0.1037 mg., Phenobarbital 16.2 mg. | | | |
| **SPASTOLATE T.D. Caps** | 003-9280 | 1M | 8.90 |
| *(Comparable to Donnatal Extentabs)* | 003-9280 | 5x1M | 41.25 |
| Each cap contains: Atropine Sulfate 0.0582 mg., Hyoscine HBr 0.0195 mg., Hyoscyamine SO, 0.311 mg., Phenobarbital 50 mg. | | | |
| **STILBESTROL Tabs U.S.P.** | | | |
| 1.0 mg. White C. T. | 004-5840 | 1M | 4.90 |
| | 004-5840 | 5x1M | 23.95 |
| 1.0 mg. Red E. C. | 004-5860 | 1M | 7.95 |
| | 004-5860 | 5x1M | 38.95 |
| 5 mg. White C. T. | 004-5880 | 1M | 7.75 |
| | 004-5880 | 5x1M | 37.95 |
| 5 mg. Red E. C. | 004-5900 | 1M | 10.85 |
| | 004-5900 | 5x1M | 52.75 |
| **SULFASALAZINE Gold Tabs 500 mg.** | 004-6170 | 100 | 3.25 |
| *(Comparable to Azulfidine)* | 004-6175 | 500 | 15.95 |
| **SULFISOXAZOLE White Tabs. 0.5 gm.** | 004-6180 | 100 | 2.10 |
| *(Comparable to Gantrisin)* | 004-6181 | 1M | 13.75 |
| **TAMINACT T.D. Tabs** | 004-7260 | 100 | 1.75 |
| *(Comparable to Triaminic)* | | | |
| Each tab contains: Pheniramine Mal. 25 mg., Phenylpropanolamine Hcl 50 mg., Pyrilamine Mal. 25 mg. | | | |

**SERVICE—ECONOMY—DEPENDABILITY**

F = CIII, CIV, CV, DEA Registry # Required

**IMPORTANT—PLEASE USE PRODUCT NUMBERS WHEN ORDERING**

| | | | |
|---|---|---|---|
| 156-1800 | CO-PYRONIL Caps. 100 | 1 | 7.85 |
| 156-1805 | Caps. 1000 | 1 | 68.50 |
| | **CORDRAN** | | |
| 156-1902 | Cream, 7½ gm., 0.5% | 1 | 1.55 |
| 156-1900 | Cream, 15 gm., 0.5% | 1 | 2.45 |
| 156-1905 | Cream, 60 gm., 0.5% | 1 | 6.95 |
| 156-2010 | ½ Strength Cream, 60 gm. | 1 | 3.75 |
| 156-2005 | 0.05% Lotion, 60cc | 1 | 6.95 |
| 156-1950 | Ointment, 15 gm., 0.5% | 1 | 2.45 |
| 156-1955 | Ointment, 60 gm., 0.5% | 1 | 6.95 |
| 156-2015 | ½ Strength Oint., 60 gm. | 1 | 3.75 |
| 156-2115 | Tape, 80" x 3" | 1 | 5.15 |
| | **CORDRAN-N** | | |
| 156-2050 | Cream, 15 gm. | 1 | 2.65 |
| 156-2055 | Cream, 60 gm. | 1 | 7.35 |
| 156-2100 | Ointment, 15 gm. | 1 | 2.65 |
| 156-2105 | Ointment, 60 gm. | 1 | 7.35 |
| | **CORICIDIN** | | |
| 214-1700 | "D" Tabs. 100 | 1 | 3.10 |
| 214-1705 | "D" Indust. Pack, 400 | 1 | 8.70 |
| 214-1242 | Demilets, 24 | 6 | 4.20 |
| 214-1200 • | Tabs. 100 | 1 | 2.50 |
| 214-1220 | Tabs. Indust. Pack, 400 | 1 | 7.90 |

## DIPHTHERIA PERTUSSIS TETANUS TOXOID

**Alum Precipitate, 7.5cc Vial**

174-1280 1 Vial **2.15**

174-1260 10 Vials **19.95**

| | | | |
|---|---|---|---|
| 214-1300 | CORIFORTE Caps. 100 | 1 | 6.35 |
| 128-0305 | CORT-ACNE Lot., 2 oz. | 1 | 3.35 |
| | **COR-TAR-QUIN** | | |
| 132-1310 | ¼% Crema, 1 oz. | 1 | 2.60 |
| 132-1315 | ½% Crema, 1 oz. | 1 | 4.55 |
| | **CORT-DOME** | | |
| 132-0500 • | ¼% Crema, 1 oz. | 1 | 1.70 |
| 132-0605 • | ½% Crema, 1 oz. | 1 | 2.90 |
| 254-2429 | CORTENEMA, 7x60cc | 1 | 11.45 |
| | **CORTISPORIN** | | |
| 122-1700 | Ointment, ½ oz. | 1 | 3.00 |
| 122-1900 | Ophth. Oint., ½ oz. | 1 | 1.50 |
| 122-2000 | Ophth. Susp., 5cc | 1 | 2.10 |
| 122-1810 | Otic Drops, 10cc | 1 | 3.00 |
| 166-2500 | CO-SALT, 8 oz. | 1 | 2.75 |
| | **COTAZYM** | | |
| 184-03 | Caps. 100 | 1 | 6.35 |
| 164-2435 | CO-TYLENOL Tabs. 48 | 1 | 2.15 |
| | **COUMADIN** *(Warfarin)* | | |
| 138-0100 | 2 mg. Tabs. 100 | 1 | 5.00 |
| 138-0300 | 2½ mg. Tabs. 100 | 1 | 5.05 |
| 138-0500 | 5 mg. Tabs. 100 | 1 | 5.50 |
| 138-0600 | 5 mg. Tabs. 1000 | 1 | 52.75 |
| 138-0700 | 7½ mg. Tabs. 100 | 1 | 6.70 |
| 138-0900 | 10 mg. Tabs. 100 | 1 | 7.95 |
| 342-0800 | CREAMALIN Tabs. 200 | 1 | 3.55 |
| | **CRUEX** | | |
| 187-3435 | Spray Powder, 4 oz. | 1 | 1.60 |
| | **CRYSTICILLIN** *(Procaine Penicillin G)* | | |
| 222-0325 | 300,000 U.S. 10cc | 10 | 7.90 |
| 222-C325 | 300,000 U.S. 10cc | 100 | 72.50 |
| 222-0380 | 600,000 U.S. 12cc | 10 | 15.20 |
| 222-0390 | 600,000 U.S. 12cc | 100 | 141.25 |
| | **CRYSTODIGIN** *(Digitoxin)* | | |
| 156-2153 • | 0.1 mg. Tabs. 100 | 1 | 1.15 |
| | **CU-7** | | |
| 212-0775 | Copper Intrauterine, 6 | 1 | 62.95 |
| 212-0775 | Copper Intrauterine, 6 | 5 | 315.95 |
| 230-1200 | C.V.P. Caps. 100 | 1 | 7.95 |
| 230-1205 | Caps. 500 | 1 | 35.95 |
| | **CYCLAINE HCL** *(Hexylcaine Hcl)* | | |
| 172-1450 | 5% Topical, 60cc | 1 | 2.90 |
| | **CYCLOGYL** | | |
| 104-2500 | 0.5% Ophth. Sol., 15cc | 1 | 3.20 |
| 104-2600 | 1% Ophth. Sol., 15cc | 1 | 5.95 |
| | **CYCLOSPASMOL** *(Cyclandelate)* | | |
| 144-0200 • | 200 mg. Caps. 100 | 1 | 8.00 |
| | **CYTOMEL** *(Liothyronine)* | | |
| 220-2000 | 5 mcg. Tabs. 100 | 1 | 1.90 |
| 220-2100 • | 25 mcg. Tabs. 100 | 1 | 2.70 |
| 220-2105 • | 25 mcg. Tabs. 1000 | 1 | 25.50 |
| 220-2115 • | 50 mcg. Tabs. 100 | 1 | 4.10 |
| | **CYTOXAN** | | |
| 168-0750 | 50 mg. Tabs. 100 | 1 | 23.35 |

# D

| | | | |
|---|---|---|---|
| 219-0400 | DACRIOSE Sol. 4 oz. | 1 | 1.90 |
| | **DALMANE** *(Flurazepam Hcl)* | | |
| 220-0710 | 15 mg. Caps. 100 CIV | 1 | 7.50 |
| 200-0715 | 15 mg. Caps. 500 CIV | 1 | 35.95 |
| 200-0730 | 30 mg. Caps. 100 CIV | 1 | 8.95 |
| 200-0735 | 30 mg. Caps. 500 CIV | 1 | 43.75 |
| | **DANOCRINE** | | |
| 242-0900 | 200 mg. Caps. 100 | 1 | 97.50 |
| | **DANTRIUM** | | |
| 136-0072 | 25 mg. Caps. 100 | 1 | 9.25 |
| 136-0082 | 100 mg. Caps. 100 | 1 | 17.85 |
| 172-1700 | DARANIDE Tabs. 100 | 1 | 8.25 |
| | **DARICON** | | |
| 162-0360 | 10 mg. Tabs. 60 | 1 | 5.90 |
| 162-0365 | 10 mg. Tabs. 500 | 1 | 52.60 |
| 156-2340 | DARVOCET-N Tabs. 100 CIV | 1 | 4.50 |
| 156-2345 | Tabs. 500 CIV | 1 | 20.70 |
| | **DARVOCET-N 100** | | |
| 156-2347 | Tabs. 100 CIV | 1 | 8.30 |
| 156-2348 | Tabs. 500 CIV | 1 | 43.20 |
| | **DARVON** *(Propoxyphene Hcl)* | | |
| 156-2350 | 32 mg. Caps. 100 CIV | 1 | 3.75 |
| 156-2355 | 32 mg. Caps. 500 CIV | 1 | 17.75 |
| 156-2400 • | 65 mg. Caps. 100 CIV | 1 | 6.90 |
| 156-2405 • | 65 mg. Caps. 500 CIV | 1 | 32.50 |
| | **DARVON COMPOUND** | | |
| 156-2450 | Caps. 100 CIV | 1 | 4.00 |
| 156-2455 | Caps. 500 CIV | 1 | 19.20 |
| 156-2500 • | '65' Caps. 100 CIV | 1 | 7.25 |
| 156-2505 • | '65' Caps. 500 CIV | 1 | 33.75 |
| | **DARVON-N CIV** *(Propoxyphene Napsylate)* | | |
| 156-2310 | 100 mg. Tabs. 100 | 1 | 8.05 |
| | **DARVON-w/A.S.A.** | | |
| 156-2510 | Caps. 100 CIV | 1 | 7.20 |
| 156-2515 | Caps. 500 CIV | 1 | 35.40 |

## DECADRON

**4 mg/cc, 5cc Vial**

172-1900 1 Vial **5.50**

172-1900 10 Vials **53.30**

| | | | |
|---|---|---|---|
| | **DARVON-N w/A.S.A.** | | |
| 156-2325 | Tabs. 100 CIV | 1 | 8.15 |
| 156-2330 | Tabs. 500 CIV | 1 | 39.45 |
| | **DAXOLIN** | | |
| 132-1950 | 10 mg. Caps. 100 | 1 | 10.90 |
| 132-1960 | 25 mg. Caps. 100 | 1 | 16.50 |
| 132-1970 | 50 mg. Caps. 100 | 1 | 21.90 |
| | **DBI** *(Phenformin Hcl)* | | |
| 140-0460 | 50 mg. T.D. Caps. 100 | 1 | 13.25 |
| 140-0465 | 50 mg. T.D. Caps. 1000 | 1 | 132.95 |
| 140-0490 | 25 mg. Tabs. 100 | 1 | 5.95 |
| 198-0220 | DEANER-250 Tabs. 50 | 1 | 15.40 |
| 847-0430 | DEBROX Drops, 15cc | 1 | 1.65 |
| | **DECA-DURABOLIN** *(Nandrolone Decanoate)* | | |
| 184-0900 | 50 mg./cc Vial, 2cc | 1 | 8.45 |
| 184-0800 | 50 mg./cc Vial, 4 x 1cc | 1 | 18.50 |
| 184-0910 | 100 mg./cc Vial, 2cc | 1 | 15.25 |
| | **DECADRON** *(Dexamethasone)* | | |
| 172-2100 • | Elixir, 100cc | 1 | 3.45 |
| 172-1900 • | 4 mg./cc Injection, 5cc | 1 | 5.50 |
| 172-1900 • | 4 mg./cc Injection, 5cc | 10 | 53.30 |
| 172-1903 • | 4 mg./cc Injection, 25cc | 1 | 26.65 |
| 172-2150 | 0.1% Ophth. Sol., 2.5cc | 1 | 1.65 |
| 172-2155 | 0.1% Ophth. Sol., 5cc | 1 | 2.90 |
| 172-1930 | 0.5 mg. Tabs. 100 | 1 | 11.20 |
| 172-2000 • | 0.75 mg. Tabs. 100 | 1 | 13.70 |
| 172-2250 | 0.1% Top. Cream, 15 gm. | 1 | 2.20 |
| 172-2200 | Turbinaire 12.6 gm. | 1 | 5.70 |

## COMBISTIX Strips

106-0900 1 x 100 **9.75**

106-0900 10 x 100 **96.95**

| | | | |
|---|---|---|---|
| | **DECADRON w/XYLOCAINE** | | |
| 172-2300 | Injection, 5cc | 1 | 5.60 |
| 172-2300 | Injection, 5cc | 10 | 55.00 |
| 172-2400 | DECAGESIC Tabs. 100 | 1 | 7.10 |
| | **DECLOMYCIN** | | |
| 154-4500 | 150 mg. Caps. 16 | 1 | 5.05 |
| 154-4505 | 150 mg. Caps. 100 | 1 | 30.50 |
| 154-4805 | Syrup, 16 oz. | 1 | 18.95 |
| | **DECLOSTATIN** | | |
| 154-5000 | Caps. 16 | 1 | 5.85 |
| 154-5005 | Caps. 100 | 1 | 35.15 |
| | **DECONAMINE** | | |
| 219-0440 | Caps. 100 | 1 | 10.90 |
| | **DELADUMONE** | | |
| 222-0400 • | Vial, 5cc | 1 | 4.40 |
| 222-0400 • | Vial, 5cc | 5 | 20.50 |
| | **DELADUMONE OB** | | |
| 222-0425 • | Vial, 2cc | 1 | 5.10 |
| 222-0425 • | Vial, 2cc | 10 | 48.50 |
| | **DELALUTIN** *(Hydroxyprogesterone Caproate)* | | |
| 222-0500 • | 125 mg./cc Vial, 10cc | 1 | 8.40 |
| 222-0500 • | 125 mg./cc Vial, 10cc | 5 | 40.75 |
| 222-0600 • | 250 mg./cc Vial, 5cc | 1 | 7.55 |
| 222-0600 • | 250 mg./cc Vial, 5cc | 5 | 36.65 |
| | **DELATESTRYL** *(Testosterone Enathanate)* | | |
| 222-0700 • | 200 mg./cc Vial, 5cc | 1 | 7.25 |
| | **DELESTROGEN** *(Estradiol Valerate)* | | |
| 222-0800 • | 10 mg./cc Vial, 5cc | 1 | 3.95 |
| 222-0800 • | 10 mg./cc Vial, 5cc | 5 | 19.00 |
| 222-0900 • | 20 mg./cc Vial, 5cc | 1 | 5.65 |
| 222-0900 • | 20 mg./cc Vial, 5cc | 5 | 27.15 |
| 222-1000 • | 40 mg./cc Vial, 5cc | 1 | 9.85 |
| 222-1000 • | 40 mg./cc Vial, 5cc | 5 | 47.20 |



• Generics Available on Pages 4-32

For CIII, CIV, CV, DEA Registry # Required

PLAINTIFF'S EXHIBIT 52

# Darby Drug Co., Inc.

There can only be ONE No. 1

## AMPICILLIN TRIHYDRATE

F.D.A. Certified

| 250 mg. Caps. | 500 mg. Caps |
|---|---|
| 310-0010 | 310-0016 |
| 100 — 4.70 | 100 — 9.30 |
| 310-0015 | 310-0018 |
| 500 — 22.85 | 500 — 45.50 |
| 310-0013 | 310-0018 |
| 1M — 45.20 | 2x500 — 90.50 |

## TETRACYCLINE HCL

F.D.A. Certified U.S.P.

250 mg. Caps Orange/Yellow

310-1825 1M — 12.25

310-1825 5M — 60.50

500 mg. Caps Black/Yellow

310-1870 100 — 2.70

310-1875 1M — 23.25

## PREDNISOLONE TABS

5 mg.

004-3242 1M — 8.65

004-3243 5M — 41.95

## PROPOXYPHENE @ COMPOUND-65

(Similar to Darvon Compound-65)

004-3830 100 — 1.95

004-3832 500 — 8.00

004-3834 1M — 15.35

## HYDROCHLORO-THIAZIDE

(Similar to Hydrodiuril)

50 mg. Tabs

003-9190 100 — 1.00

003-9192 1M — 5.65

## PAVAGEN T.D. CAPS

(Papaverine HCL S.F.)

150 mg.

004-1248 100 — 1.95

004-1249 500 — 7.95

004-1247 1M — 14.95

## STERILE DISPOSABLE SYRINGES

MANUFACTURED IN U.S.A. • 3cc W/NEEDLE

| | | |
|---|---|---|
| 321-1040 25 x ⅝ | 321-1030 22 x 1¼ | 321-1010 21 x 1 |
| 321-1035 23 x 1 | 321-1025 22 x 1½ | 321-1005 20 x 1½ |
| 321-1020 22 x 1 | 321-1015 21 x 1½ | 321-1000 20 x 1 |

100 6.40

1000 61.95

## CHLORDIAZEPOXIDE HCL (Similar to Librium)

| 5 mg. Caps Yellow/Green | 10 mg. Caps Black/Green | 25 mg. Caps White/Green |
|---|---|---|
| 003-4870 100 — 1.20 | 003-4880 100 — 1.40 | 003-4890 100 — 1.95 |
| 003-4872 500 — 4.35 | 003-4882 500 — 5.55 | 003-4892 500 — 8.50 |
| 003-4872 2x500 — 8.40 | 003-4885 1M — 10.30 | 003-4892 2x500 — 15.95 |

PLAINTIFF'S EXHIBIT 52

Plaintiff's Exhibit 52

# Tablets/Capsules

IMPORTANT: Please add STOCK No. when ordering.

| | | 1M | 5x1M |
|---|---|---|---|
| **Cold Tabs #2 with DMH (Rose)** | | 15.50 | 75.25 |
| 003-5310 | Phenylpropanolamine Hcl. 25 mg. — Terpin Hydrate 3½ gr. — Chlorpheniramine Maleate 2 mg. — Acetaminophen 5 gr. — Pyrilamine Maleate 12 mg. — Dextromethorphan HBr 7½ mg. | | |
| **Cold Capsules—Mild (Yellow/Blue)** | | 8.75 | 42.50 |
| 003-5040 | Acetylsalicylic Acid 3½ gr. — Pyrilamine Mal. 12 mg. — Phenacetin 3½ gr. — Caffeine ½ gr. | | |
| **Cold Capsules—Medium (Yellow/Purple)** | | 11.50 | 56.50 |
| 003-5080 | Aspirin 3½ gr. — Caffeine ½ gr. — Phenacetin 3½ gr. — Pyrilamine Mal. 25 mg. | | |
| **Cold Capsules—Forte (Brown/White)** | | 10.90 | 53.20 |
| 003-5080 | Aspirin 3½ gr. — Camphor ¼ gr. — Phenacetin 1½ gr. — Podophyllum 1/60 gr. — Quinine Sulfate ½ gr. — Aloin 1/10 gr. — Atropine Sulfate 1/1000 gr. | | |
| **Conjugated Estrogens U.S.P.** | | | |
| 003-5181 | 0.625 mg. Tabs (Maroon) 003-5180 (100—2.15) | 17.50 | |
| 003-5221 | 1.25 mg. Tabs (Yellow) 003-5220 (100—3.30) | 27.95 | |
| 003-5288 | 2.50 mg. Tabs (Purple) 003-5280 (100—5.65) | 52.75 | |
| **Cortisone Tablets** | | | |
| 003-5300 | 25 mg. (White) (100—3.75) | 34.90 | |
| **Cough Wafers/Menthciated** | | 2.75 | 12.95 |
| 003-5340 | Benzocaine ½ gr. — Licorice P.E. 1/16 gr. — Oil of Anise, Eucalyptol and Menthol | | |
| **CYCLANDELATE (Similar to Cyclospasmol)** | | | |
| 003-5316 | 200 mg. Caps (Blue) 003-5310 (100—1.75) | 13.95 | |
| 003-5230 | 400 mg. Caps (100—3.45) 003-5293 (500—14.95) | | |
| **CYTOMINE® Tabs (Similar to Cytomel)** | | | |
| 003-5336 | 25 mcg. (White) 003-5330 (100—1.10) | 7.45 | |
| 003-5357 | 50 mcg. (White) 003-5355 (100—1.15) | 8.95 | |

## ONE OF AMERICA'S MOST POPULAR GENERIC FORMULAS

| | | 1M | 5x1M |
|---|---|---|---|
| **DARLITE® (Capsule Shaped Tabs) (S.C. Brown)** | | 7.25 | 34.95 |
| 003-5841 | D 400 I.U. — A 5,000 I.U. — C 60 mg. — B1 3.5 mg. — B2 2.4 mg. — B6 0.6 mg. — B12 1.5 mcg. — E 3 I.U. — Cal. Pan. 3.5 mg. — Niacinamide 25 mg. — Pot. Sulfate 5 mg. — Zinc Sulfate 3.2 mg. — Dried Yeast 10 mg. — Wheat Germ Oil 10 mg. — Biotin 3 mcg. — Choline Bitar. 5 mg. — Dical. Phos. 110 mg. — Inositol 5 mg. — Phosphorous 65 mg. — Ferrous Sulf. 12 mg. — Iodine (Pot. Iodide) 0.12 mg. — Copper Sulfate 0.05 mg. — Manganese Sulf. 0.05 mg. — Magnesium Sulf. 5 mg. — Para-Amino-Benzoic Acid 5 mg. | | |
| | Also Available 003-5840 100—.90 10x100—3.55 | | |
| | | 1M | 5x1M |
| **DECONGEST Tabs (White) (Similar to Dristan) (100—.95)** | | 8.75 | |
| 003-5710 | Phenylephrine Hcl. 5 mg. — Phenindamine Tartrate 10 mg. — Aspirin, Caffeine — Alum. Hydroxide — Magnesium Carb. Co-dried gel. | | |
| **DECONGESTIVE T.D. Caps** 003-5720 (250—5.65) | | 21.50 | |
| 003-5721 | Chlorpheniramine Maleate 8 mg. — Phenylephrine Hcl. 20 mg. — Methscopolamine Nitrate 2.5 mg. | | |
| **DEGENEX Caps (Similar to Ornex)** 003-5740 (100—1.65) | | 12.95 | |
| 003-5748 | Acetaminophen 325 mg. — Phenylpropanolamine Hcl. 12 mg. | | |
| **Dehydrocholic Acid Tabs** | | | |
| 003-5780 | 3¼ gr. (White) | 27.85 | |
| 003-5788 | 3¼ gr. w/Belladonna Alk. (White) | 28.90 | |
| **DEXAMETHASONE** | | | |
| 003-5820 | 0.75 mg. Tabs (Green) (100—3.80) | 36.30 | |
| 003-5840 | 1.5 mg. Tabs (Pink) (100—4.15) | | |

Plaintiff's Exhibit 52

C-D

GENERIC GUIDE Section

DARBY

NAME BRAND

CYCLOSPASMOL
200 MG. CAPS
Ives
144-0220 100— 8.40

CYTOMEL
(Sod. Liothyronine)
S.K.F.
25 MCG. TABS
220-0105 100— 2.70
220-0105 1M—25.50
50 MCG. TABS
220-0115 100— 4.10

DARVON CIV
65 MG. PULVULES
(Propoxyphene Hcl.)
Lilly
100— 6.95
500—33.80

DARVON
COMP-65 CIV
Lilly

| | |
|---|---|
| Propoxyphene Hcl. | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

100— 7.25
500—34.20

DECADRON
0.75 MG. TABS
(Dexamethasone)
Merck
100—13.70

DECHOLIN TABS
(Dehydrocholic Acid 3¾ GR.)
Dome
100— 6.55
500—31.70

DELTASONE
5 MG. TABS
(Prednisone)
Upjohn
100—2.30

BRANDED GENERICS by DARBY

ORDER BY NUMBER PLEASE

CYCLANDELATE
200 MG. CAPS
Darby
100— 1.75
1M—13.95

CYTOMINE™
(Sod. Liothyronine)
Darby
25 MCG. TABS
100—1.10
1M—7.45
50 MCG. TABS
100—1.15
1M—8.95

PROPOXYPHENE Hcl. CIV
65 MG. CAPSULES
Darby
100—1.85
500—8.70

PROPOXYPHENE
COMP-65 CIV
Darby

| | |
|---|---|
| Propoxyphene Hcl. | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

100— 1.95
500— 8.00
1M—15.35

DEXAMETHASONE
0.75 MG. TABS
Darby
100— 3.80
10x100—36.30

DEHYDROCHOLIC
ACID
3¾ GR. TABS
Darby
1M—27.85

PREDNISONE
5 MG. TABS
Darby
1M—7.90

IMPORTANT! Please add Stock No. when ordering

C (Continued)

Plaintiff's Exhibit 52

C (Continued)

| | | Size | Price |
|---|---|---|---|
| | **CORICIDIN** | | |
| 214-1200 | tabs. (1M—23.50) | 100— | 2.40 |
| 214-1220 | Industrial Pack tabs | 400— | 8.40 |
| 214-1240 | Demilets Pediatric | 36— | .80 |
| 214-1300 | Forte caps | 100— | 6.35 |
| 214-1400 | Medilets Pediatric | 36— | .70 |
| 214-1600 | Nasal Mist | 20cc— | .95 |
| 214-1700 | "D" Decongestant tabs | 100— | 2.95 |
| 139-0300 | Cort-Acne lotion | 1oz— | 2.20 |
| 139-0336 | Cort-Acne lotion | 2oz— | 3.30 |
| | **COR-TAR-QUIN CREME** | | |
| 139-1600 | ¼%—Tube | 4oz— | 5.75 |
| 139-1316 | ½%—Tube | 1oz— | 4.55 |
| 139-1300 | ½%—½ oz. Tube | 1— | 2.65 |

**COUMADIN**
5 mg. tabs.
135-0500 100—5.60 138-0532 1M—53.20

| | | | |
|---|---|---|---|
| | **CORT-DOME CREME** | | |
| 132-0600 | ¼%—Tube | 1oz— | 1.70 |
| 132-0650 | ¼%—Tube | 4oz— | 4.30 |
| 132-0800 | ½%—½ oz. Tube | 1— | 1.70 |
| 132-0806 | ½%—Tube | 1oz— | 2.90 |
| 132-0808 | 1%—Tube | 1oz— | 5.20 |
| | **CORT-DOME LOTION** | | |
| 138-1110 | ¼% | 4oz— | 4.50 |
| 164-2429 | Cortenema 60cc (Box 7) | 1— | 11.45 |
| | **Cortisporin** | | |
| 19-1700 | Oint. ½ oz. | 1— | 3.00 |
| 19-1616 | Otic | 10cc— | 3.00 |
| 19-1800 | Ophth. Oint. 1/8 oz. | 1— | 1.50 |
| 19-3000 | Ophth. Susp. | 5cc— | 2.10 |
| 173-1310 | Cortone 25 mg. tabs | 100— | 12.30 |
| 173-1320 | Cortone 25 mg./cc. (10—50.60) | 20cc— | 5.20 |
| 39-1800 | Cort-Quin Creme ½%—½ oz. | 1— | 2.20 |
| 87-0400 | Cortril Oint. ½oz. | 1— | 1.50 |
| 87-0480 | Coryban-D caps | 24— | 1.00 |
| 19-3600 | Co-Salt | 8oz— | 2.65 |
| 19-3720 | Cosanyl-DM Cough Syrup | 1pt.— | 4.85 |
| 94-0200 | Cotazym caps | 100— | 6.35 |
| 94-0410 | Cotazym-S | 60— | 5.25 |
| 19-4000 | Cotton Swabs J&J | 175— | 1.20 |
| 19-4436 | Co-Tylenol tabs | 48— | 2.15 |
| | **COUMADIN (Warfarin Sod.)** | | |
| 84-0700 | 2mg. | 100— | 5.05 |
| 84-0800 | 2.5 mg. | 100— | 5.05 |
| 84-0900 | 5 mg. (1M—53.20) | 100— | 5.60 |
| 84-0910 | 7.5 mg | 100— | 6.80 |
| 84-0920 | 10 mg. (1M—76.95) | 100— | 8.10 |
| 19-4600 | Cremelin tabs | 200— | 3.55 |
| 19-4800 | Crest Toothpaste Family Size | 1— | 1.20 |
| 19-4400 | Crest Toothpaste Mint Flav | 1— | 1.20 |
| 19-4600 | Cruex Spray Powder | 4oz— | 1.60 |
| 19-4640 | Cruex Spray Powder | 12oz— | 3.35 |
| | **CRYSTICILLIN** | | |
| 19-4800 | 300 A.S. 10cc. (50—37.20) | 10— | 7.90 |
| 19-4900 | 600 A.S. 12cc. (50—72.60) | 10— | 15.20 |
| | **CRYSTODIGIN** | | |
| 19-5100 | 0.05 mg | 500— | 2.55 |
| 19-5200 | 0.1 mg. (5M—32.50) | 500— | 4.15 |
| 19-5300 | 0.15 mg. | 500— | 5.45 |
| 19-5400 | Cuprex | 3oz— | 2.10 |
| 19-5500 | Cuprimine 250 mg. caps | 50— | 10.20 |
| 19-5600 | Cutlcura Soap Bath Bars | 3— | 1.65 |
| 19-5700 | Cyclogesterin Oil | 5cc— | 5.75 |

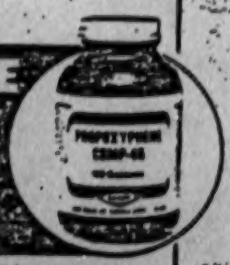
DEA NO. REQUIRED

| | | Size | Price |
|---|---|---|---|
| 104-2600 | Cyclogyl 0.5% | 15ml— | 5.20 |
| 104-2600 | Cyclogyl 1.0% | 15ml— | 5.95 |
| | **CYCLOSPASMOL (Cyclandelate)** | | |
| 144-0100 | 100 mg. tabs. (500—19.50) | 100— | 4.20 |
| 144-0200 | 200 mg. caps. (500—39.90) | 100— | 8.40 |
| 196-2300 | Cytellin | 1pt.— | 6.10 |
| 220-2000 | Cytomel 5 mcg. | 100— | 1.80 |
| 220-2100 | Cytomel 25 mcg. (1M—25.50) | 100— | 2.70 |
| 220-2116 | Cytomel 50 mcg. | 100— | 4.10 |
| 198-0735 | Cytoxan 25 mg tabs | 100— | 11.75 |
| 198-0750 | Cytoxan 50 mg. tabs | 100— | 21.80 |

**D**

| | | | |
|---|---|---|---|
| 140-0480 | D.S.I. 25 mg. tabs. (1M—58.75) | 100— | 5.95 |
| 140-0490 | DSI T.D.C. 50 mg. (1M—132.95) | 100— | 13.50 |
| 209-1600 | D.H.E. 45 1cc amps | 20— | 16.70 |
| 219-0400 | Dacriose Sol | 4oz— | 1.90 |
| 174-1170 | Dactil w/Pheno tabs | 50— | 3.65 |
| 188-1001 | Dainite-KI tabs. (500—49.70) | 100— | 10.80 |
| 200-0715 | Dalmane 15 mg. caps. CIV | 100— | 7.50 |
| 200-0715 | | 500— | 35.95 |
| 200-0730 | Dalmane 30 mg. caps. CIV | 100— | 8.95 |
| 200-0738 | | 500— | 43.75 |
| 848-0803 | Danocrine 200 mg caps | 100— | 97.50 |
| 126-0072 | Dantrium 25 mg. caps | 100— | 10.80 |
| 126-0082 | Dantrium 100 mg. caps | 100— | 18.50 |
| 188-1016 | Dara Shampoo | 1pt.— | 2.80 |
| 173-1700 | Daranide 50 mg. tabs | 100— | 8.25 |
| 182-2100 | Daraprim tabs. | 100— | 1.45 |
| 220-2300 | Darbid 5 mg. tabs (isopropamide) | 50— | 3.90 |
| 168-0080 | Daricon 10 mg. tabs. (500—82.60) | 60— | 6.45 |
| 168-0070 | Daricon-PB tabs | 100— | 9.30 |
| 165-2340 | Darvocet-N tabs. CIV | 100— | 4.70 |
| 165-2346 | | 500— | 22.75 |
| 165-2347 | Darvocet-N 100 tabs. CIV | 100— | 8.85 |
| 165-2348 | | 500— | 43.20 |
| 165-2360 | Darvon 32 mg. CIV | 100— | 3.80 |
| 165-2356 | | 500— | 17.95 |
| 165-2460 | Darvon Comp-32 CIV | 100— | 4.00 |
| 165-2456 | | 500— | 19.20 |
| 165-2400 | Darvon 65 mg. CIV | 100— | 6.95 |
| 165-2406 | | 500— | 33.80 |
| 165-2500 | Darvon Comp-65 CIV | 100— | 7.25 |
| 165-2506 | | 500— | 34.20 |
| 165-2510 | Darvon ASA caps. CIV | 100— | 7.20 |
| 165-2516 | | 500— | 35.40 |
| 165-2310 | Darvon-N tabs. CIV | 100— | 8.05 |
| 165-2316 | | 500— | 39.70 |
| 165-2320 | Darvon-N Susp. 50 mg/5cc. CIV | 1pt— | 5.40 |
| 165-2326 | Darvon-N w/A.S.A. CIV | 100— | 8.15 |
| 165-2330 | | 500— | 39.45 |
| 113-0500 | Datril tabs | 100— | 1.60 |
| 113-3510 | Datril 500X-Strength caps | 72— | 1.45 |

**PROPOXYPHENE COMPOUND-65®**
(Similar to Darvon Comp-65)
Red & Grey Caps
100—1.95 500—8.00



630a

PLAINTIFF'S EXHIBIT 53

# DARBY

DARBY

## DRUG CO., INC.

NOW AVAILABLE

**INFLUENZA VIRUS VACCINE**

Bivalent Types A and B
5cc Size 400CCA units/0.5cc
246-2950

1 — 11.75

10 — 114.50

NEW REDUCED PRICES

HYDRO CHLOROTHIAZIDE

TETRACYCLINE HCL

AMPICILLIN TRIHYDRATE

NEW LOW PRICE!

VITAMIN B-12

20 20.00

70 27.50

CHLORDIAZEPOXIDE

100 1.40

500 5.25

9.70

**STERILE DISPOSABLE SYRINGES**

**3cc W/NEEDLE**

100 **6.40**

1000 **61.95**

MANUFACTURED IN U.S.A.

What need

PLAINTIFF'S EXHIBIT 53

DARBY FULL LINE OF PHARMACEUTICALS WILL FILL THEM.

Plaintiff's Exhibit 53

# Tablets/Capsules

IMPORTANT! Please add Stock No. when ordering

| | | 1M | 5x1M |
|---|---|---|---|
| **Cold Tabs #2 with DMH (Rose)** | 003-5010 | 15.50 | 75.25 |
| Phenylpropanolamine Hcl. 25 mg. — Terpin Hydrate 2½ gr. — Chlorpheniramine Maleate 2 mg. — Acetaminophen 5 gr. — Pyrilamine Maleate 10 mg. — Dextromethorphan H Br 7½ mg. | | | |
| **Cold Capsules—Mild (Yellow/Blue)** | 003-5040 | 8.75 | 42.50 |
| Aspirin 3½ gr. — Pyrilamine Mal. 10 mg. — Phenacetin 2½ gr. — Caffeine ½ gr. | | | |
| **Cold Capsules—Medium (Yellow/Purple)** | 003-5060 | 11.50 | 56.50 |
| Aspirin 2½ gr. — Caffeine ½ gr. — Phenacetin 2½ gr. — Pyrilamine Mal. 25 mg. | | | |
| **Cold Capsules—Forte (Brown/White)** | 003-5080 | 10.90 | 53.20 |
| Aspirin 2½ gr. — Camphor ½ gr. — Phenacetin 1½ gr. — Podophyllum 1/60 gr. — Quinine Sulfate ¼ gr. — Aloin 1/10 gr. — Atropine Sulfate 1/1000 gr. | | | |
| **Conjugated Estrogens U.S.P.** | | | |
| 0.625 mg. Tabs (Maroon) | 003-5180 100—2.15 | 003-5181 | 17.50 |
| 1.25 mg. Tabs (Yellow) | 003-5220 100—3.25 | 003-5221 | 29.35 |
| 2.50 mg. Tabs (Purple) | 003-5280 100—5.65 | 003-5281 | 52.70 |
| **Cortisone Tablets** | | | |
| 25 mg. (White) | 003-5300 100—3.75 | 003-5301 | 34.90 |
| **Cough Wafers** | | | |
| Mentholated | 003-5340 | | 2.75 12.95 |
| Benzocaine ½ gr. — Liquorice P.E. 1/16 gr. Oil of Anise, Eucalyptol and Menthol | | | |
| **CYCLANDELATE (Similar to Cyclospasmol)** | | | |
| 200 mg. Caps (Blue) | 003-5310 100—1.75 | 003-5315 | 13.95 |
| 400 mg. Caps | 003-5290 100—3.45 | 003-5293 500—14.95 | |
| **CYTOMINE® Tabs (Similar to Cytomel)** | | | |
| 25 mcg. (White) | 003-5330 100—1.10 | 003-5335 | 7.45 |
| 50 mcg. (White) | 003-5365 100—1.15 | 003-5367 | 8.95 |

## ONE OF AMERICA'S MOST POPULAR GENERIC FORMULAS

**DARLITE®** — 1M 7.25 — 5x1M 34.95 — 003-5841

Capsule Shaped Tabs (S.C. Brown)

| | | | | | |
|---|---|---|---|---|---|
| D | 400 I.u. | Niacinamide | 12 mg | Inositol | 5 mg. |
| A | 5,000 I.u. | Pot. Sulfate | 4 mg. | Phosphorous | 88 mg. |
| C | 60 mg. | Zinc Sulfate | 0.2 mg. | Ferrous Sulf. | 12 mg. |
| B1 | 3.5 mg. | Dried Yeast | 10 mg. | Iodine (Pot. Iodide) | 0.12 mg. |
| B2 | 2.4 mg. | Wheat Germ Oil | 10 mg. | Copper Sulfate | 0.05 mg. |
| B6 | 0.5 mg. | Biotin | 3 mcg. | Manganese Sulf. | 0.03 mg. |
| B12 | 1.5 mcg. | Choline Bitar. | 5 mg. | Magnesium Sulf. | 5 mg. |
| E | 3 I.u. | Dical. Phosp. | 110 mg. | Para-Aminoben-zoic Acid | 5 mg. |
| Cal. Pan. | 3.5 mg. | | | | |

Also Available 003-5840 100—.90 10x100—8.55

**DECONGEST (Similar to Dristan)** — 1M 8.75 — 5x1M

Tabs (White) 003-5710 100— .95 — 003-5710

Phenylephrine Hcl. 5 mg. — Pheniramine Tartrate 10 mg. — Aspirin, Caffeine — Alum. Hydroxide — Magnesium Carb. Co-dried gel.

**DECONGESTIVE**

T.D. Caps 003-5720 250—5.65 — 003-5721 21.50

Chlorpheniramine Maleate 8 mg. — Phenylephrine Hcl. 20 mg. — Methscopolamine Nitrate 2.5 mg.

**DEGENEX (Similar to Ornex)**

Caps 003-5740 100—1.65 — 003-5745 12.95

Acetaminophen 325 mg. — Phenylpropanolamine Hcl. 18 mg.

**Dehydrocholic Acid**

Tabs 3¾ gr. (White) 003-5760 27.85

Tabs 3¾ gr. w/Belladona Alk. (White) 003-5762 28.90

**DEXAMETHASONE**

0.75 mg. Tabs (Green) 003-5830 100—3.80 — 003-5830 36.30

1.5 mg. Tabs (Pink) 003-5840 100—4.15

C-D

GENERIC GUIDE Section

DARBY

NAME BRAND

CYCLOSPASMOL
200 MG. CAPS
Ives
144-0300 100— 8.40

CYTOMEL
(Sod. Liothyronine) U.S.P.
25 MCG. TABS
220-0100 100— 2.70
220-0106 1M—25.50
50 MCG. TABS
220-0110 100— 4.10

DARVON CIV
65 MG. PULVULES
(Propoxyphene Hcl.)
Lilly
188-0400 100— 6.95
188-0402 500—33.80

DARVON
COMP-65 CIV
Lilly

| | |
|---|---|
| Propoxyphene Hcl. | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

188-0500 100— 7.25
188-0506 500—34.20

DECADRON
0.75 MG. TABS
(Dexamethasone)
Merck
172-0009 100—13.70

DECHOLIN TABS
(Dehydrocholic Acid 3¾ GR.)
Dome
133-0000 100— 6.55
133-0006 500—31.70

DELTASONE
5 MG. TABS
(Prednisone)
Upjohn
229-0100 100—2.30

"BRANDED GENERICS" by DARBY

ORDER BY NUMBER PLEASE

CYCLANDELATE
200 MG. CAPS
Darby
003-8310 100— 1.75
003-8318 1M—13.95

CYTOMINE™
(Sod. Liothyronine)
Darby
25 MCG. TABS
003-8330 100—1.10
003-8338 1M—7.45
50 MCG. TABS
003-8350 100—1.15
003-8357 1M—8.95

PROPOXYPHENE Hcl. CIV
65 MG. CAPSULES
Darby
004-3820 100—1.85
004-3822 500—8.70

PROPOXYPHENE
COMP-65 CIV
Darby

| | |
|---|---|
| Propoxyphene Hcl. | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg |

004-3850 100— 1.95
004-3822 500— 7.70
004-3834 1M—14.70

DEXAMETHASONE
0.75 MG. TABS
Darby
003-8330 100— 3.80
003-8336 10x100—36.30

DEHYDROCHOLIC
ACID
3¾ GR. TABS
Darby
005-8760 1M—27.85

PREDNISONE
5 MG. TABS
Darby
004-8342 1M—7.40

Plaintiff's Exhibit 53

## C (Continued)

| | | Size | Price |
|---|---|---|---|
| | Cordran Tape (Large) | 1— | 6.15 |
| | Corega Dent. Adhes. Pdr. 3.5 oz. | 1— | 1.70 |
| | CORICIDIN | | |
| | tabs. | 100— | 2.55 |
| | Industrial Pack tabs | 400— | 8.40 |
| | Demilets Pediatric | 36— | .85 |
| | Forte caps | 100— | 6.35 |
| | Medilets Pediatric | 36— | .70 |
| | Nasal Mist | 20cc— | 1.00 |
| | "D" Decongestant tabs | 100— | 3.10 |
| | Cort-Acne lotion | 1oz— | 2.30 |
| | Cort-Acne lotion | 2oz— | 3.40 |

| | | | |
|---|---|---|---|
| | COR-TAR-QUIN CREME | | |
| | ¼%—Tube | 4oz— | 5.75 |
| | ½%—Tube | 1oz— | 4.55 |
| | 1%—½ oz. Tube | 1— | 2.65 |
| | CORT-DOME CREME | | |
| | ¼%—Tube | 1oz— | 1.70 |
| | ½%—Tube | 4oz— | 4.30 |
| | 1%—½ oz. Tube | 1— | 1.70 |
| | 2½%—Tube | 1oz— | 2.90 |
| | 1%—Tube | 1oz— | 5.20 |
| | CORT-DOME LOTION | | |
| | ¼% | 4oz— | 4.50 |
| | Corteneme 60cc (Box 7) | 1— | 11.45 |
| | Cortisporin | | |
| | Oint. ⅛ oz. | 1— | 3.00 |
| | Otic | 10cc— | 3.00 |
| | Opntn. Oint. 1/8 oz | 1— | 1.50 |
| | Opnth. Susp. | 5cc— | 2.10 |
| | Cortone 25 mg. tabs | 100— | 12.30 |
| | Cortone 25 mg./cc. (10—50.60) | 20cc— | 5.20 |
| | Cortril Oint. ½oz. | 1— | 1.50 |
| | Coryban-D caps | 24— | 1.00 |
| | Co-Salt | 8oz— | 2.65 |
| | Cotazym caps | 100— | 6.35 |
| | Cotazym-S | 60— | 5.25 |
| | Cotton Swabs J&J | 175— | 1.20 |
| | Co-Tylenol tabs | 48— | 2.15 |
| | COUMADIN (Warfarin Sod.) | | |
| | 2mg | 100— | 5.05 |
| | 2.5 mg | 100— | 5.05 |
| | 5 mg. (1M—53.20) | 100— | 5.60 |
| | 7.5 mg | 100— | 6.80 |
| | 10 mg. (1M—76.95) | 100— | 8.10 |
| | Creamalin tabs. | 200— | 3.55 |
| | Crest Toothpaste Family Size | 1— | 1.25 |
| | Crest Toothpaste Mint Flav | 1— | 1.25 |
| | Cruex Spray Powder | 4oz— | 1.60 |
| | Cruex Spray Powder | 12oz— | 3.35 |
| | CRYSTICILLIN | | |
| | 300 A.S. 10cc. (50—37.20) | 10— | 7.90 |
| | 300 A.S. 12cc. (50—72.60) | 10— | 15.20 |
| | CRYSTODIGIN | | |
| | 0.05 mg. | 500— | 2.55 |
| | 0.1 mg. (5M—32.50) | 500— | 4.15 |
| | 0.2 5 mg. | 500— | 5.45 |
| | Cuprex | 3oz— | 2.10 |
| | Cuprimine 250 mg. caps | 50— | 10.20 |
| | Cuticura Soap Bath Bars | 3— | 1.65 |
| | Cyclogesterin Oil | 5cc— | 5.75 |

DEA NO. REQUIRED

## C (Continued)

| | | Size | Price |
|---|---|---|---|
| 104-2500 | Cyclogyl 0.5% | 15ml— | 5.50 |
| 104-2600 | Cyclogyl 1.0% | 15ml— | 6.25 |
| | CYCLOSPASMOL (Cyclandelate) | | |
| 144-0100 | 100 mg. tabs. (500—19.50) | 100— | 4.20 |
| 144-0200 | 200 mg. caps. (500—39.90) | 100— | 8.40 |
| 188-2300 | Cytellin | 1pt.— | 6.10 |
| 220-2000 | Cytomel 5 mcg. | 100— | 1.80 |
| 220-2100 | Cytomel 25 mcg. (1M—25.50) | 100— | 2.70 |
| 220-2115 | Cytomel 50 mcg. | 100— | 4.10 |
| 168-0725 | Cytoxan 25 mg tabs | 100— | 12.70 |
| 168-0750 | Cytoxan 50 mg. tabs | 100— | 23.35 |

## D

| | | | |
|---|---|---|---|
| 140-0460 | D.B.I. 25 mg. tabs. (1M—56.75) | 100— | 5.95 |
| 140-0480 | DBI T.D.C. 50 mg. (1M—132.95) | 100— | 13.50 |
| 208-1500 | D.H.E. 45 1cc amps | 20— | 16.80 |
| 118-0400 | Dacriose Sol | 4oz— | 2.00 |
| 174-1170 | Dactil w/Pheno tabs | 50— | 3.65 |
| 180-1001 | Dainite-KI tabs. (500—49.70) | 100— | 10.80 |
| 200-0710 | Daimane 15 mg. caps. CIV | 100— | 7.50 |
| 200-0715 | | 500— | 35.95 |
| 200-0730 | Daimane 30 mg. caps. CIV | 100— | 8.95 |
| 200-0735 | | 500— | 43.75 |
| 240-0900 | Danocrine 200 mg caps | 100— | 97.50 |
| 126-0072 | Dantrium 25 mg. caps | 100— | 10.60 |
| 126-0082 | Dantrium 100 mg. caps | 100— | 18.50 |
| 185-1010 | Dara Shampoo | 1pt.— | 2.90 |
| 172-1700 | Daranide 50 mg. tabs | 100— | 8.25 |
| 122-2100 | Daraprim tabs. | 100— | 1.45 |
| 220-2300 | Darbid 5 mg. tabs (isopropamide) | 50— | 3.90 |
| 162-0360 | Daricon 10 mg. tabs. (500—52.60) | 60— | 6.45 |
| 162-0370 | Daricon-PB tabs | 100— | 9.30 |
| 188-2340 | Darvocet-N tabs. CIV | 100— | 4.70 |
| 188-2345 | | 500— | 22.75 |
| 188-2347 | Darvocet-N 100 tabs. CIV | 100— | 8.85 |
| 188-2348 | | 500— | 43.20 |
| 188-2360 | Darvon 32 mg. CIV | 100— | 3.80 |
| 188-2365 | | 500— | 17.95 |
| 188-2480 | Darvon Comp-32. CIV | 100— | 4.00 |
| 188-2485 | | 500— | 19.20 |
| 188-2400 | Darvon 65 mg. CIV | 100— | 6.95 |
| 188-2405 | | 500— | 33.80 |
| 188-2800 | Darvon Comp-65. CIV | 100— | 7.25 |
| 188-2805 | | 500— | 34.20 |
| 188-2810 | Darvon ASA caps. CIV | 100— | 7.20 |
| 188-2815 | | 500— | 35.40 |
| 188-2310 | Darvon-N tabs. CIV | 100— | 8.05 |
| 188-2315 | | 500— | 39.70 |
| 188-2320 | Darvon-N w/A.S.A. CIV | 100— | 8.15 |
| 188-2330 | | 500— | 39.45 |
| 113-2600 | Datril tabs | 100— | 1.60 |
| 113-2610 | Datril 500X-Strength caps | 72— | 1.50 |

PLAINTIFF'S EXHIBIT 54

# Darby Drug Co. Inc.

Pharmacy Edition

Summer '76

## CHLORDIAZEPOXIDE HCL.

(Similar to Librium)

NOW AVAILABLE

PATENT EXPIRED

| 5 mg. Caps (Yellow & Green) | 10 mg. Caps (Black & Green) | 25 mg. Caps (White & Green) |
|---|---|---|
| 003-4870 100 – 2.00 | 003-4880 100 – 2.45 | 003-4890 100 – 3.05 |
| 003-4872 500 – 9.25 | 003-4882 500 – 11.50 | 003-4892 500 – 17.00 |
| 2x 003-4872 500 – 17.95 | 003-4885 1M – 22.25 | 2x 003-4892 500 – 33.00 |

## TETRACYCLINE HCL U.S.P.

F.D.A. Certified

| 250 mg. Caps (Orange & Yellow) | 500 mg. Caps (Black & Yellow) |
|---|---|
| 310-1825 1M – 11.65 | 310-1870 100 – 2.50 |
| 5 x 1M – 56.95 | 310-1875 1M – 21.95 |

## AMPICILLIN TRIHYDRATE

F.D.A. Certified

| 250 mg. Caps | 500 mg. Caps |
|---|---|
| 310-0010 100 – 4.70 | 310-0016 100 – 9.20 |
| 310-0015 500 – 22.85 | 310-0018 500 – 44.85 |
| 310-0013 1M – 43.50 | 310-0018 2 x 500 – 89.00 |

## PROPOXYPHENE COMPOUND-65

(Similar to Darvon Compound-65)

004-3830 100 – 1.80
004-3832 500 – 8.95
004-3834 1M – 13.60

## HYDROCHLORO-THIAZIDE

(Similar to Hydrodiuril)

50 mg. Tabs
003-9190 100 – .75
003-9192 1M – 4.55

## SULFISOXAZOLE

(Similar to Gantrisin)

0.5 gm Tabs

004-6181
1M – 12.90
5 x 1M – 62.40

## ALLERFRIN Tabs

(Similar to Actifed)

003-0180 100 – 1.60
003-0185 1M – 12.95

## PAVAGEN

(Papaverine HCL N.F.)
Timed Release Capsules

Papaverine HCL 150 mg.

004-1248 100 – 1.95
004-1249 500 – 7.95
004-1247 1M – 14.95

## TRI-HYDROSERPINE TABS

(Similar to SER-AP-ES)

004-7210 100 – 1.45
004-7212 1M – 9.75

100 Banks Ave., Rockville Centre, N.Y. 11570

PLAINTIFF'S EXHIBIT

Plaintiff's Exhibit 54

# Tablets/Capsules

IMPORTANT
Please add STOCK No. when ordering.

| | | 1M | 5x1M |
|---|---|---|---|
| **Cold Capsules—Mild** (Yellow/Blue) | | 8.75 | 42.50 |
| 003-5040 | Acetylsalicylic Acid ... Acetaminophen ... Pentamine Mal. ... | | |
| **Cold Capsules—Medium** (Yellow/Purple) | | 11.50 | 56.50 |
| 003-5060 | Salicylamide ... Acetaminophen ... Carbinoxamine Mal. ... | | |
| **Cold Capsules—Forte** (Brown/White) | | 10.90 | 53.20 |
| 003-5080 | Acetylsalicylic Acid ... Acetaminophen ... Quinine Sulfate ... Atropine Sulfate ... Camphor ... Pyrilamine Mal. ... Chlorpheniramine Mal. ... | | |
| **Conjugated Estrogens U.S.P.** | | | |
| 003-5181 | 0.625 mg. Tabs (Maroon) 003-5181 (100—1.35) | 15.70 | |
| 003-5221 | 1.25 mg. Tabs (Yellow) 003-5221 (100—3.15) | 24.50 | |
| 003-5260 | 2.50 mg. Tabs (Purple) (100—5.40) | 51.90 | |
| **Cortisone Tablets** | | | |
| 003-5300 | 25 mg. (White) (100—3.75) | 34.90 | |
| **Cough Wafers/Mentholated** | | 2.75 | 12.95 |
| 003-5340 | Benzocaine 1/6 gr. — Licorice P.E. 1/16 gr. Oil of Anise, Eucalyptol and Menthol | | |
| **CYCLANDELATE** (Similar to Cyclospasmol) | | | |
| 003-5315 | 200 mg. Caps (Blue) 003-5315 (100—2.45) | 20.70 | |
| 003-5290 | 400 mg. Caps (100—3.25) | | |
| **CYTOMINE®** Tabs (Similar to Cytomel) | | | |
| 003-5335 | 25 mcg. (White) 003-5335 (100—1.10) | 7.45 | |
| 003-5357 | 50 mcg. (White) 003-5357 (100—1.15) | 8.95 | |

## ONE OF AMERICA'S MOST POPULAR GENERIC FORMULAS

| | | 1M | 5x1M |
|---|---|---|---|
| **DARLITE®** (Capsule Shaped Tabs) (S.C. Brown) | | 6.50 | 31.00 |
| 003-5541 | D 400 un. ... A 5,000 un. ... C 60 mg. ... B1 3.5 mg. ... B2 2.4 mg. ... B6 0.6 mg. ... B12 1.5 mcg. ... E 3 u.s. ... Cal. Pan. 3.5 mg. ... Niacinamide 25 mg. ... Pot. Sulfate 6 mg. ... Zinc Sulfate 22 mg. ... Dried Yeast 10 mg. ... Wheat Germ Oil 10 mg. ... Biotin 3 mcg. ... Choline Bitar. 5 mg. ... Diast. Phosp. 10 mg. ... Inositol 5 mg. ... Bioflavonoids 25 mg. ... Ferrous Sulf. 15 mg. ... Thiamine Hcl. (Vitamin B1) 2.25 mg. ... Copper Sulfate 2.25 mg. ... Manganese Sulf. 2.25 mg. ... Magnesium Sulf. 5 mg. ... Para-Amino-Benzoic Acid 5 mg. | | |
| Also Available 003-5340 100—.85 10x100—8.00 | | | |

| | | 1M | 5x1M |
|---|---|---|---|
| **DECONGEST** Tabs (White) (Similar to Dristan) (100—.95) .... | | 8.75 | |
| 003-5710 | Phenylephrine Hcl. 5 mg. — Phenindamine Tartrate 10 mg. — Aspirin, Caffeine — Alum Hydroxide — Magnesium Carb. Co-dried gel. | | |
| **DECONGESTIVE T.D. Caps** 003-5720 (250—5.05) | | 19.50 | |
| 003-5721 | Chlorpheniramine Maleate 8 mg. Phenylephrine Hcl. 20 mg. Methscopolamine Nitrate 2.5 mg. | | |
| **DEGENEX Caps** (Similar to Ornex) 003-5740 (100—1.65) | | 12.95 | |
| 003-5745 | Acetaminophen 325 mg. Phenylpropanolamine Hcl. 18 mg. | | |
| **Dehydrocholic Acid Tabs** | | | |
| 003-5790 | 3¼ gr. (White) | 27.85 | |
| 003-5780 | 3¼ gr. w/Belladonna Alk. (White) | 28.90 | |
| **DEXAMETHASONE** | | | |
| 003-5830 | 0.75 mg. Tabs (Green) (100—2.25) | 18.90 | |
| 003-5840 | 1.5 mg. Tabs (Pink) (100—4.15) | | |

DARBY
Suppliers of Fine Quality Branded Generics for over 35 years

Plaintiff's Exhibit 54

| | | Size | Price |
|---|---|---|---|
| | Cortisocrin | | |
| 123-1750 | Cint. 1 oz. | 1— | 3.00 |
| 123-1900 | Otic | 5cc— | 2.10 |
| 123-1910 | Otic | 10cc— | 3.00 |
| 123-1950 | Cortn. Cint. 1/8 oz | 1— | 1.50 |
| 123-1960 | Cortn. Susp. | 5cc— | 2.10 |
| 123-2200 | Cortone 25 mg. tabs | 100— | 11.40 |
| 173-1210 | Cortone 25 mg. cc (10—50.60) | 20cc— | 5.20 |
| 173-1220 | Cort-Quin Creme 1/2%—1/8 oz. | 1— | 2.00 |
| 123-1900 | Cortril Cint. 1oz. | 1— | 1.30 |
| 207-3400 | Coryban-D caps | 24— | 1.00 |
| 237-3483 | Co-Salt | 8oz— | 2.65 |
| 236-1830 | Cosanyi-DM Cough Syrup | 1pt.— | 4.85 |
| 183-2720 | Cotazym caps | 100— | 5.65 |
| 184-0300 | Cotazym-B | 60— | 4.95 |
| 184-0410 | Cotton Swabs Sterile J&J | 175— | .95 |
| 329-6380 | Co-Tylenol tabs | 30— | 1.05 |
| 144-2432 | | | |

135-0909

## COUMADIN

5 mg. tabs

100—5.15 1M—48.95

| | | | |
|---|---|---|---|
| | COUMADIN (Warfarin Sod.) | | |
| 138-0100 | 2 mg. (1M—43.70) | 100— | 4.60 |
| 138-0200 | 2.5 mg. (1M—43.70) | 100— | 4.60 |
| 138-0500 | 5 mg. (1M—48.95) | 100— | 5.15 |
| 138-0720 | 7.5 mg. | 100— | 6.10 |
| 138-0900 | 10 mg. (1M—70.80) | 100— | 7.30 |
| 242-2800 | Creamalin tabs | 200— | 2.95 |
| 179-2430 | Crest Toothpaste Family Size | 1— | 1.15 |
| 179-2438 | Crest Toothpaste Mint Flav. | 1— | 1.15 |
| 187-2428 | Cruex Aerosol | 4oz— | 1.60 |
| 187-2440 | Cruex Spray Powder | 12oz— | 3.35 |
| | CRYSTICILLIN | | |
| 223-3325 | 300 A.S. 10cc. (50—16.50) | 10— | 3.60 |
| 223-0360 | 600 A.S. 12cc. (50—29.00) | 10— | 6.25 |
| | CRYSTODIGIN | | |
| 158-2150 | 0.05 mg. | 500— | 2.55 |
| 158-2158 | 0.1 mg. (5M—30.90) | 500— | 4.15 |
| 158-2220 | 0.15 mg. | 500— | 5.45 |
| 158-2280 | 0.2 mg. | 500— | 6.50 |
| 131-2440 | Cuprex | 30z— | 1.50 |
| 172-1200 | Cuprimine 250 mg. caps | 50— | 9.80 |
| 284-2480 | Cuticura Soap Bath Bars | 3— | 1.50 |
| 229-1500 | Cyclogesterin Oil | 5cc— | 5.25 |
| 104-2500 | Cyclogyl 0.5% | 15ml— | 4.65 |
| 104-3600 | Cyclogyl 1.0% | 15ml— | 5.40 |
| | CYCLOSPASMOL (Cyclandelate) | | |
| 144-0100 | 100 mg. tabs. (500—19.30) | 100— | 4.00 |
| 144-0300 | 200 mg. caps. (500—39.90) | 100— | 8.40 |
| 144-0288 | 200 mg. caps | 1M— | 78.45 |

## CYCLANDELATE

(Similar to Cyclospasmol)

200 mg. capsules

003-5310 100—2.45 003-5315 1M—20.70

| | | | |
|---|---|---|---|
| 169-2300 | Cytellin | 1pt.— | 6.10 |
| 172-1160 | Cytoferin tabs | 100— | 3.00 |
| 230-2000 | Cytomel 5 mcg. | 100— | 1.80 |
| 230-2120 | Cytomel 25 mcg. (1M—25.50) | 100— | 2.70 |
| 230-2118 | Cytomel 50 mcg. | 100— | 4.10 |
| 169-0725 | Cytoxan 25 mg tabs | 100— | 10.65 |
| 169-0750 | Cytoxan 50 mg. tabs | 100— | 18.55 |

| | | Size | Price |
|---|---|---|---|
| 140-0460 | D.B.I. 25 mg. tabs. (1M—52.20) | 100— | 5.40 |
| 140-0440 | DBI T.D.C. 50 mg. (1M—116.50) | 100— | 11.95 |
| 140-0470 | DBI T.D.C. 100 mg. (500—111.95) | 100— | 22.75 |
| 208-1500 | D.H.E. 45 1cc amps | 20— | 15.00 |
| 174-1170 | *Dactil w/Pheno tabs | 50— | 3.25 |
| 180-3900 | Dainite for night tabs. | 100— | 7.25 |
| 180-1001 | Dainite-KI tabs. (500—41.00) | 100— | 3.90 |
| 200-0710 | Daimane 15 mg. caps | 100— | 5.90 |
| 200-0715 | | 500— | 28.20 |
| 200-0730 | Daimane 30 mg. caps | 100— | 6.95 |
| 200-0735 | | 500— | 33.95 |
| 139-0070 | Dantrium 25 mg. caps | 50— | 4.60 |
| 139-0080 | Dantrium 100 mg. caps | 50— | 8.90 |
| 169-1010 | Dara Shampoo | 1pt.— | 2.70 |
| 172-1700 | Daranide 50 mg. tabs | 100— | 7.90 |
| 122-2100 | Darsprim tabs. (1M—12.90) | 100— | 1.45 |
| 220-2300 | Darbid 5 mg. tabs (Isocropamide) | 50— | 3.90 |
| 163-0360 | Daricon 10 mg. tabs. (500—51.65) | 60— | 6.25 |
| 163-0370 | Daricon-PB tabs | 100— | 8.95 |
| 156-2340 | Darvocet-N tabs. (500—20.90) | 100— | 4.40 |
| 156-2347 | Darvocet-N 100. (500—39.50) | 100— | 8.30 |
| 156-2360 | Darvon 32 mg. (500—16.70) | 100— | 3.72 |
| 156-2450 | Darvon Comp-32. (500—17.90) | 100— | 3.80 |
| 156-2400 | Darvon 65 mg. (500—31.45) | 100— | 6.90 |
| 156-2500 | Darvon Comp-65. (500—31.70) | 100— | 6.90 |
| 156-2510 | Darvon ASA caps. (500—33.70) | 100— | 7.40 |
| 156-2310 | Darvon-N tabs. (500—35.75) | 100— | 7.85 |
| 156-2329 | Darvon-N Susp. 50 mg./5cc | 1pt.— | 8.40 |
| 156-2325 | Darvon-N w/A.S.A. (500—36.00) | 100— | 7.60 |
| 113-2900 | Datril tabs | 100— | 1.25 |
| 102-0905 | Dayalets | 250— | 7.85 |
| 102-0900 | Dayalets w/Iron tabs. (250—8.25) | 100— | 3.50 |
| 166-0100 | Deaner 25 mg. tabs | 100— | 6.60 |
| 166-0200 | Deaner 100 mg. tabs | 50— | 8.60 |
| | DECADRON (Dexamethasone) | | |
| 172-1500 | 4 mg./cc. (25cc—26.65) | 5cc— | 5.50 |
| 172-2300 | 4 mg./cc w/Xylocaine | 5cc— | 5.60 |
| 172-2110 | L.A. Suspension | 5cc— | 5.90 |
| 172-1690 | 0.5 mg. tabs | 100— | 11.20 |
| 172-2000 | 0.75 mg. tabs | 50— | 13.70 |
| 172-1930 | 4 mg. tabs | 50— | 21.40 |
| 172-2100 | Elixir 100cc | 1— | 3.45 |
| 172-2125 | Ophth. Oint. 0.05% 3.5 gm. | 1— | 1.15 |
| 172-2150 | Ophth. Sol. 0.1% 2.5cc | 1— | 1.60 |
| 172-2175 | Respihaler Aerosol | 1— | 5.15 |
| 172-2200 | Turbinaire 12.6 gm. | 1— | 5.45 |
| 172-2250 | Topical Cream 0.1% | 15gm— | 2.15 |
| 184-0800 | Deca-Durabolin Box 4 x 1cc | 1— | 17.95 |
| 184-0900 | Deca-Durabolin 50 mg./cc | 2cc— | 8.20 |
| 184-0910 | Deca-Durabolin 100 mg./cc | 2cc— | 14.40 |
| 173-2400 | Decagesic tabs | 100— | 7.10 |
| 173-2460 | Decaspray Topical Aerosol | 1— | 2.75 |
| 133-2030 | Decholin Amps 5cc | 20— | 13.40 |
| 133-2030 | Decholin tabs. (500—29.25) | 100— | 8.95 |
| | DECLOMYCIN | | |
| 154-4800 | 150 mg. caps. (100—26.20) | 16— | 4.25 |
| 154-4810 | 150 mg. tabs. (100—26.15) | 16— | 4.30 |
| 154-4820 | 300 mg. tabs. (48—22.90) | 12— | 5.25 |

## PROPOXYPHENE COMPOUND-65

(Similar to Darvon Comp-65)

Red & Grey Caps

004-3830 100—1.80 004-3835 500—6.95

PLAINTIFF'S EXHIBIT 55

# DARBY DRUG CO. INC.

## Winter - Spring '78

A Small Sample of the Outstanding Values in this issue!

### AMPICILLIN TRIHYDRATE
F.D.A. Certified

| 250 mg. Caps | 500 mg. Caps |
|---|---|
| 310-0010 | 310-0016 |
| 100 - 4.75 | 100 - 9.45 |
| 310-0015 | 310-0018 |
| 500 - 22.95 | 500 - 45.95 |
| 310-0013 | 310-0019 |
| 1M - 45.40 | 2x500 - 91.50 |

### ERYTHROMYCIN STEARATE

| 250 mg. Tabs | | | 500 mg. Tabs | |
|---|---|---|---|---|
| 310-0250 | 100 | 5.55 | 310-0265 | |
| 310-0255 | 500 | 26.85 | 100 | 11.75 |

### IMIPRAMINE HCl
25 mg. Tabs
(Similar to Tofranil)
003-9305 1M - 20.95

### PENICILLIN VK
(Potassium Phenoxymethyl Penicillin)
Oval Shaped Tabs 250 mg.

| 400-2520 | 400-2525 |
|---|---|
| 100 - 2.35 | 1M - 20.50 |

### VITAMIN C TABS

| | | 100 | 1M |
|---|---|---|---|
| 003-2880 | 250 mg. | .85 | 5.55 |
| 003-2920 | 500 mg. | 1.10 | 8.20 |

### METHYLPREDNISOLONE ACETATE
40 mg./cc
(Similar to Depo-Medrol)
301-5340
5cc - 3.85 10x5cc - 37.40

### DEXAMETHASONE PHOSPHATE
4 mg./cc
(Similar to Decadron)
301-4150
5cc - 1.15 10x5cc - 11.05

### PREDNISOLONE
Aqueous 25 mg./cc/30cc
301-6410
1 - 1.85 10 - 18.10

### HYDRO-CHLOROTHIAZIDE
(Similar to Hydrodiuril) 50 mg Tabs
003-9190 100 — 1.00
003-9192 1M — 4.50

### PROPOXYPHENE COMPOUND - 65®
(Similar to Darvon Compound-65)
004-3830 100 — 1.95
004-3832 500 — 7.70
004-3834 1M — 14.70

### CHLORDIAZEPOXIDE HCl®
(Similar to Librium)
10 mg. Caps (Black/Green)
003-4880 100 — 1.40
003-4882 500 — 4.85
003-4885 1M — 9.15

### TETRACYCLINE HCl
F.D.A. Certified U.S.P.
250 mg. Caps (Orange & Yellow)

| 310-1820 | 310-1825 |
|---|---|
| 100 — 1.80 | 1M — 14.45 |

500 mg. Caps (Black & Yellow)

| 310-1870 | 310-1875 |
|---|---|
| 100 — 3.15 | 1M — 26.85 |

### VITAMIN B-12
(Crystalline)
100 mcg./cc

| 300-2040 | 10 | 50 |
|---|---|---|
| 10cc vials | 4.20 | 20.00 |
| 300-2060 | | |
| 30cc vials | 5.70 | 27.50 |

### STERILE DISPOSABLE SYRINGES
3cc W/NEEDLE

| | | | 100 |
|---|---|---|---|
| 321-1040 25 x ⅝ | 321-1030 22 x 1¼ | 321-1010 21 x 1 | 6.40 |
| 321-1035 23 x 1 | 321-1025 22 x 1½ | 321-1005 20 x 1½ | 1000 |
| 321-1020 22 x 1 | 321-1015 21 x 1½ | 321-1000 20 x 1 | |

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PLAINTIFF'S EXHIBIT 55

Plaintiff's Exhibit 55

# Tablets/Capsules

IMPORTANT! Please add Stock No. when ordering

| | | | | 1M | 5x1M |
|---|---|---|---|---|---|
| **CHLORPROMAZINE (Similar to Thorazine)** | | | | | |
| 10 mg. Tabs S.C. (Rust) | 003-4545 | 100—1.10 | 003-4547 | 7.10 | |
| 25 mg. Tabs S.C. (Rust) | 003-4550 | 100—1.35 | 003-4551 | 9.25 | |
| 50 mg. Tabs S.C. (Rust) | 003-4560 | 100—1.75 | 003-4561 | 13.20 | |
| 100 mg. Tabs S.C. (Rust) | 003-4570 | 100—2.75 | 003-4572 | 22.85 | |
| 200 mg. Tabs S.C. (Rust) | 003-4580 | 100—3.80 | 003-4585 | 33.90 | |
| **COLCHICINE** Tabs 0.6 mg. (1/100 gr.) (White) | | | 003-4940 | 9.30 | 43.95 |
| **Cold Tabs #1** (Red) — Chlorpheniramine Maleate 2 mg., Phenylpropanolamine HCl 4 mg., Phenacetin 162.5 mg., Caffeine 32.4 mg., Salicylamide 227.5 mg. | | | 003-4960 | 7.75 | 37.90 |
| **Cold Tabs #2** (Purple) — Phenylpropanolamine HCl 25 mg., Chlorpheniramine Maleate 2 mg., Pyrilamine Maleate 10 mg., Terpin Hydrate 3½ gr., Acetaminophen 5 gr. | | | 003-5060 | 9.65 | 47.25 |
| **Cold Tabs #2 with DMH** (Rose) — Phenylpropanolamine HCl 25 mg., Chlorpheniramine Maleate 2.5 mg., Pyrilamine Maleate 10 mg., Terpin Hydrate 162 mg., Acetaminophen 325 mg., Dextromethorphan H Br 7½ mg. | | | 003-5010 | 15.50 | 75.25 |
| **Cold Capsules—Mild** (Yellow/Blue) — Aspirin 227 mg., Phenacetin 162 mg., Pyrilamine Maleate 10 mg., Caffeine 32.4 mg. | | | 003-5040 | 8.75 | 42.50 |
| **Cold Capsules—Medium** (Yellow/Purple) — Aspirin 162 mg., Phenacetin 162 mg., Caffeine 32.4 mg., Pyrilamine Maleate 25 mg. | | | 003-5060 | 11.50 | 55.50 |
| **Cold Capsules—Forte** (Brown/White) — Aspirin 3½ gr., Phenacetin 1½ gr., Quinine Sulfate ½ gr., Atropine Sulfate 1/1000 gr., Camphor/Pedophyllum Alein ⅛ gr., 1/60 gr., 1/10 gr. | | | 003-5080 | 10.90 | 53.20 |
| **Conjugated Estrogens U.S.P.** | | | | | |
| 0.625 mg. Tabs (Maroon) | 003-5160 | 100—2.05 | 003-5161 | 17.50 | |
| 1.25 mg. Tabs (Yellow) | 003-5250 | 100—3.40 | 003-5221 | 30.70 | |
| 2.50 mg. Tabs (Purple) | 003-5290 | 100—5.70 | 003-5285 | 53.35 | |
| **Cortisone Tablets** 25 mg. (White) | 003-5300 | 100—3.75 | 003-5309 | 34.90 | |
| **Cough Wafers** Mentholated — Benzocaine ⅛ gr. – Licorice P.S. 1/16 gr. Oil of Anise, Eucalyptol and Menthol | | | 003-5340 | 2.75 | 12.95 |
| **CYCLANDELATE (Similar to Cyclospasmol)** | | | | | |
| 200 mg. Caps (Blue) | 003-5310 | 100—1.75 | 003-5316 | 13.95 | |
| 400 mg. Caps 003-5290 100—3.45 | 003-5293 | 500—14.95 | | | |
| **CYTOMINE® Tabs (Similar to Cytomel)** | | | | | |
| 25 mcg. (White) | 003-5330 | 100—1.10 | 003-5335 | 7.45 | |
| 50 mcg. (White) | 003-5385 | 100—1.15 | 003-5387 | 8.95 | |

## ONE OF AMERICA'S MOST POPULAR GENERIC FORMULAS

**DARLITE®**

Capsule Shaped Tabs (S.C. Brown) — 003-5341 — 1M 7.25 — 5x1M 34.95

| | | | | | |
|---|---|---|---|---|---|
| D | 400 I.U. | Niacinamide | 12 mg. | Inositol | 5 mg. |
| A | 5,000 I.U. | Pot. Sulfate | 5 mg. | Phosphorus | 25 mg. |
| C | 60 mg. | Zinc Sulfate | 6.2 mg. | Ferrous Sulf. | 12 mg. |
| B1 | 3.0 mg. | Dried Yeast | 10 mg. | Iodine (Pot. Iodide) | 0.12 mg. |
| B2 | 3.0 mg. | Wheat Germ Oil | 10 mg. | Copper Sulfate | 0.09 mg. |
| B6 | 5.0 mg. | Biotin | 3 mcg. | Manganese Sulf. | 0.05 mg. |
| B12 | 1.5 mcg. | Choline Bitar. | 5 mg. | Magnesium Sulf. | 5 mg. |
| E | 3 I.U. | Dical. Phosp. | 110 mg. | Para-Aminoben-zoic Acid | 5 mg. |
| Cal. Pan. | 5.5 mg. | | | | |

Also Available 003-5340 100—.90 10x100—8.55

Plaintiff's Exhibit 55

C-D

GENERIC GUIDE Section

NAME BRAND

"BRANDED GENERICS" by DARBY

**CYCLOSPASMOL**
**200 MG. CAPS**
Ives

144-0200 100— 8.40

**CYTOMEL**
(Sod. Liothyronine)
S.K.F.

**25 MCG. TABS**
220-2100 100— 2.70
220-2105 1M—25.50

**50 MCG. TABS**
220-2115 100— 4.10

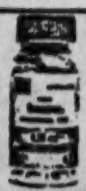
**DARVON ©**
**65 MG. PULVULES**
(Propoxyphene HCl)
Lilly

156-2400 100— 6.95
156-2405 500—33.80

**DARVON © COMP-65**
Lilly

| | |
|---|---|
| Propoxyphene HCl | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

156-2500 100— 7.25
156-2505 500—34.20



**DECADRON**
**0.75 MG. TABS**
(Dexamethasone)
Merck

173-2000 100—14.50

**DECHOLIN TABS**
(Dehydrocholic Acid 250 mg.)
Dome

132-2000 100— 6.55
132-2025 500—31.70

**DELTASONE**
**5 MG. TABS**
(Prednisone)
Upjohn

229-2100 100—2.30

ORDER BY NUMBER PLEASE

**CYCLANDELATE**
**200 MG. CAPS**
Darby

003-5310 100— 1.75
003-5315 1M—13.95

**CYTOMINE™**
(Sod. Liothyronine)
Darby

**25 MCG. TABS**
003-5330 100—1.10
003-5335 1M—7.45

**50 MCG. TABS**
003-5385 100—1.15
003-5387 1M—8.95

**PROPOXYPHENE HCl ©**
**65 MG. CAPSULES**
Darby

004-3820 100—1.65
004-3822 500—6.10

**PROPOXYPHENE © COMP-65**
Darby

| | |
|---|---|
| Propoxyphene HCl | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

004-3830 100— 1.95
004-3832 500— 7.70
004-3834 1M—14.70

**DEXAMETHASONE**
**0.75 MG. TABS**
Darby

003-5830 100— 3.80
003-5835 10x100—36.30

**DEHYDROCHOLIC ACID**
**250 MG. TABS**
Darby

003-5790 1M—27.85

**PREDNISONE**
**5 MG. TABS**
Darby

004-3242 1M—7.40

IMPORTANT! Please add Stock No. when ordering

C (Continued)

Plaintiff's Exhibit 55

C (Continued)

| | | Size | Price |
|---|---|---|---|
| | **CORDRAN-N** | | |
| 188-2080 | Cream | 15gm— | 2.75 |
| 188-2088 | Cream | 60gm— | 7.95 |
| 188-2100 | Oint. | 15gm— | 2.75 |
| 188-2108 | Oint. | 60gm— | 7.95 |
| 188-2115 | Cordran Tape (Large) | 1— | 6.15 |
| 107-2428 | Corega Dent. Adhes. Pdr. 3.5 oz. | 1— | 1.70 |
| | **CORICIDIN** | | |
| 214-1200 | tabs. (1M—23.50) | 100— | 2.55 |
| 214-1230 | Industrial Pack tabs | 400— | 8.40 |
| 214-1240 | Demilets Pediatric | 36— | .85 |
| 214-1300 | Forte caps | 100— | 6.35 |
| 214-1400 | Medilets Pediatric | 36— | .70 |
| 214-1500 | Nasal Mist | 20cc— | 1.00 |
| 214-1700 | "D" Decongestant tabs | 100— | 3.10 |

**COUMADIN** 5 mg. tablets

100—5.60 1M—53.20

| | | | |
|---|---|---|---|
| 155-0300 | Cort-Acne lotion | 1oz— | 2.30 |
| 155-0306 | Cort-Acne lotion | 2oz— | 3.40 |
| | **COR-TAR-QUIN CREME** | | |
| 133-1600 | ¼%—Tube | 4oz— | 5.75 |
| 133-1300 | ½%—½ oz. Tube | 1— | 2.65 |
| | **CORT-DOME CREME** | | |
| 133-0600 | ¼%—Tube | 1oz— | 1.70 |
| 133-0800 | ¼%—Tube | 4oz— | 4.30 |
| 133-0800 | ½%—½ oz. Tube | 1— | 1.70 |
| 133-0805 | ½%—Tube | 1oz— | 2.90 |
| 133-0808 | 1%—Tube | 1oz— | 5.20 |
| | **CORT-DOME LOTION** | | |
| 133-1110 | ½% | 4oz— | 4.50 |
| 264-9429 | Corteneme 60cc (Box 7) | 1— | 11.45 |
| | **Cortisporin** | | |
| 133-1700 | Oint. ½ oz. | 1— | 3.00 |
| 133-1810 | Otic | 10cc— | 3.00 |
| 133-1830 | Otic Suspension | 10cc— | 3.00 |
| 133-1900 | Ophth. Oint. 1/8 oz. | 1— | 1.50 |
| 133-2000 | Ophth. Susp. | 5cc— | 2.10 |
| 173-1210 | Cortone 25 mg. tabs | 100— | 13.05 |
| 173-1230 | Cortone 25 mg./cc. (10—50.60) | 20cc— | 5.20 |
| 337-0400 | Cortril Oint. ½ oz. | 1— | 1.50 |
| 337-0440 | Coryban-D caps | 24— | 1.00 |
| 166-2800 | Co-Salt | 8oz— | 2.65 |
| 194-0300 | Cotazym caps | 100— | 6.35 |
| 194-0410 | Cotazym-S | 60— | 5.25 |
| 325-6280 | Cotton Swabs J&J | 175— | 1.15 |
| 194-9436 | Co-Tylenol tabs | 48— | 2.15 |
| | **COUMADIN (Warfarin Sod.)** | | |
| 138-0100 | 2 mg | 100— | 5.05 |
| 138-0300 | 2.5 mg | 100— | 5.05 |
| 138-0600 | 5 mg. (1M—53.20) | 100— | 5.60 |
| 138-0700 | 7.5 mg | 100— | 6.80 |
| 138-0800 | 10 mg. (1M—76.95) | 100— | 8.10 |
| 340-0800 | Creamalin tabs. | 200— | 3.55 |
| 178-9430 | Crest Toothpaste Family Size | 1— | 1.25 |
| 178-9436 | Crest Toothpaste Mint Flav | 1— | 1.25 |
| 167-9438 | Cruex Spray Powder | 4oz— | 1.60 |
| 167-9440 | Cruex Spray Powder | 12oz— | 3.35 |
| | **CRYSTICILLIN** | | |
| 223-0388 | 300 A.S. 10cc. (50—37.20) | 10— | 7.90 |
| 223-0360 | 600 A.S. 12cc. (50—72.60) | 10— | 15.20 |
| | **CRYSTODIGIN** | | |
| 188-2150 | 0.05 mg. | 500— | 2.80 |
| 188-2155 | 0.1 mg. (5M—35.85) | 500— | 4.55 |
| 188-2200 | 0.15 mg. | 500— | 5.95 |

C DEA NO. REQUIRED

| | | Size | Price |
|---|---|---|---|
| 108-2900 | Cuprex | 3oz— | 2.10 |
| 173-1305 | Cuprimine 250 mg. caps | 100— | 21.95 |
| 254-2480 | Cuticura Soap Bath Bars | 3— | 1.65 |
| 228-1500 | Cyclogesterin Oil | 5cc— | 5.75 |
| 104-2500 | Cyclogyl 0.5% | 15ml— | 5.50 |
| 104-2600 | Cyclogyl 1.0% | 15ml— | 6.25 |
| | **CYCLOSPASMOL (Cyclandelate)** | | |
| 144-0100 | 100 mg. tabs. (500—19.50) | 100— | 4.20 |
| 144-0900 | 200 mg. caps. (500—39.90) | 100— | 8.40 |
| 156-2300 | Cytellin | 1pt.— | 6.10 |
| 220-2000 | Cytomel 5 mcg. | 100— | 1.80 |
| 220-2100 | Cytomel 25 mcg. (1M—25.50) | 100— | 2.70 |
| 220-2115 | Cytomel 50 mcg. | 100— | 4.10 |
| 168-0725 | Cytoxan 25 mg tabs | 100— | 12.70 |
| 168-0750 | Cytoxan 50 mg. tabs | 100— | 23.35 |

D

| | | | |
|---|---|---|---|
| 208-1500 | D.H.E. 45 1cc amps | 20— | 16.80 |
| 215-0400 | Decriose Sol. | 4oz— | 2.00 |
| 174-1170 | Dectil w/Pheno tabs | 50— | 3.65 |
| 160-1091 | Dainite-KI tabs. (500—49.70) | 100— | 10.80 |
| 200-0710 | Daimane 15 mg. caps. CIV | 100— | 8.45 |
| 200-0715 | CIV | 500— | 40.95 |
| 200-0730 | Daimane 30 mg. caps. CIV | 100— | 10.15 |
| 200-0735 | CIV | 500— | 49.55 |
| 242-0600 | Danocrine 200 mg caps. | 100— | 97.50 |
| 136-0072 | Dantrium 25 mg. caps. | 100— | 10.60 |
| 136-0082 | Dantrium 100 mg. caps | 100— | 18.50 |
| 165-1010 | Dara Shampoo | 1pt.— | 2.90 |
| 173-1700 | Daranide 50 mg. tabs | 100— | 8.90 |
| 122-2100 | Daraprim tabs. | 100— | 1.45 |
| 220-1300 | Darbid 5 mg. tabs (Isopropamice) | 50— | 3.90 |
| 162-0360 | Daricon 10 mg. tabs. (500—52.60) | 60— | 8.45 |
| 162-0370 | Daricon-PB tabs | 100— | 9.30 |
| 156-2340 | Darvocet-N tabs. CIV | 100— | 4.70 |
| 156-2348 | CIV | 500— | 22.75 |
| 156-2347 | Darvocet-N 100 tabs. CIV | 100— | 8.85 |
| 156-2348 | CIV | 500— | 43.20 |
| 156-2350 | Darvon 32 mg. CIV | 100— | 3.80 |
| 156-2358 | CIV | 500— | 17.95 |
| 156-2460 | Darvon Comp-32. CIV | 100— | 4.00 |
| 156-2468 | CIV | 500— | 19.20 |
| 156-2400 | Darvon 65 mg. CIV | 100— | 6.95 |
| 156-2408 | CIV | 500— | 33.80 |
| 156-2500 | Darvon Comp-65. CIV | 100— | 7.25 |
| 156-2508 | CIV | 500— | 34.20 |
| 156-2510 | Darvon ASA caps. CIV | 100— | 7.20 |
| 156-2515 | CIV | 500— | 35.40 |
| 156-2310 | Darvon-N tabs. CIV | 100— | 8.05 |
| 156-2316 | CIV | 500— | 39.70 |
| 156-2329 | Darvon-N Susp. 50 mg/5cc. CIV | 1pt— | 5.40 |
| 156-2325 | Darvon-N w/A.S.A. CIV | 100— | 8.15 |
| 156-2330 | CIV | 500— | 39.45 |
| 113-2900 | Datril tabs | 100— | 1.60 |
| 113-2610 | Datril 500 X-Strength caps | 72— | 1.50 |

**PROPOXYPHENE COMPOUND-65**

(Similar to Darvon Comp-65)

Red & Grey Caps

100—1.95 500—7.70

641a

PLAINTIFF'S EXHIBIT 56

# Sherry SPRING 1978

## MEDICAL/SURGICAL SUPPLY CATALOG

**NEW PRODUCT**

**ISOPRO**
(Comparable to Combid)
Time Release Caps

003-9570 100 — 5.20
003-9572 500 — 23.90

**A SHERRY EXCLUSIVE!**

**METHOCARBAMOL W/ASA**
(Comparable to Robaxisal)
Multi-Layered Tab Pink/White

004-0280 100 — 2.70
004-0282 500 — 11.50
004-0285 1M — 21.40

**AMPICILLIN TRIHYDRATE**
F.D.A. Certified
250 mg. Maroon & Grey Caps

310-0010 1x100 4.70
310-0015 1x500 22.75
310-0013 1x1000 44.95

**HYDRO-CHLOROTHIAZIDE**
(Comparable to Hydrodiuril)
50 mg. Tabs

003-9190 1x100 .95
003-9192 1x1000 4.50

**PROPOXYPHENE COMPOUND 65** CIV
(Comparable to Darvon Compound-65)

004-3830 1x100 1.95
004-3832 1x500 7.70
004-3834 1x1000 14.70

**CHLOR-DIAZEPOXIDE HCl** CIV (Comparable to Librium)
10 mg. Black/Green Caps

003-4880 1x100 1.30
003-4882 1x500 4.75
003-4885 1x1000 8.50

**VITAMIN E**
dl-alpha tocophery
200 I.U. Soft Gelatin Caps

004-7995 1x100 2.10
004-7996 1M 18.95

**TETRACYCLINE HCl**

F.D.A. Certified U.S.P.
250 mg. Orange & Yellow Caps

310-1820 1x100 1.75
310-1825 1x1000 14.25

**VITAMIN B12**
1000 mcg/cc (Crystalline)
10cc Vials

300-2040 10 Vials 3.85
300-2040 50 Vials 17.95
30cc Vials
300-2060 10 Vials 5.50
300-2060 50 Vials 26.90

**PAPAVERINE HCl**
150 mg.
Brown & Clear I.D. Caps

004-1248 1x100 2.05
004-1247 1x1000 16.25

**YOURS FREE!**
**TELEPHONE INDEX**
with every order of $75.00 or more! Smartly designed in contemporary brushed steel and heavy vinyl. A must for every busy professional.

000-1701

PLAINTIFF'S EXHIBIT

Plaintiff's Exhibit 56

# GENERIC TABLETS and CAPSULES

IMPORTANT: PLEASE USE PRODUCT NUMBERS WHEN ORDERING

| | | | |
|---|---|---|---|
| **QUININE SULFATE Caps. U.S.P. 325 mg.** | 004-4332 | 100 | 8.40 |
| | 004-4333 | 1M | 78.30 |
| **RAUWOLFIA SERPENTIA, N.F.** | | | |
| *(Comparable to Raudixin)* | | | |
| 100 mg. S. C. Red Tabs | 004-4400 | 1M | 7.45 |
| | 004-4401 | 1x5M | 36.50 |
| **RESERPINE U.S.P.** | | | |
| *(Comparable to Serpasil)* | | | |
| 0.1 mg. Tabs | 004-4540 | 1M | 1.25 |
| | 004-4541 | 1x5M | 5.55 |
| 0.25 mg. Tabs | 004-4580 | 1M | 1.30 |
| | 004-4581 | 1x5M | 5.50 |

## SPASMOL

*Comparable to Cyclospasmol*

200 mg. Blue Capsules

003-5310 1x100 **1.70** 003-5315 1x1000 **13.75**

| | | | |
|---|---|---|---|
| **R-H-H Pink Tabs** | 004-7210 | 100 | 2.05 |
| *(Comparable to Ser-Ap-Es)* | 004-7212 | 1M | 16.95 |
| Each pink tab contains: Reserpine 0.1 mg., Hydralazine 25 mg., Hydrochlorothiazide 15 mg. | | | |
| **SACCHARIN U.S.P.** | | | |
| ¼ gr. White Tabs | 004-5080 | 1M | .80 |
| | 004-5085 | 5x1M | 3.75 |
| ½ gr. White Tabs | 004-5100 | 1M | 1.25 |
| | 004-5105 | 5x1M | 6.00 |
| **SENACTIN Tabs** | 004-5290 | 100 | .75 |
| *(Comparable to Senokot)* | 004-5295 | 1M | 3.65 |
| Each tab contains: Standardized Extract of Senna Fruit 217 mg. | | | |
| **SHERDECON Tabs** | 004-7250 | 100 | 1.65 |
| *(Comparable to Naldecon)* | 004-7257 | 1M | 13.60 |
| **SHERFACT Tabs** | 003-0180 | 100 | 1.30 |
| *(Comparable to Actifed)* | 003-0185 | 1M | 9.45 |
| Each tab contains: Tripolidine HCl 2.5 mg., Pseudoephedrine HCl 60 mg. | | | |

## SHERDECON Tabs

*Comparable to Naldecon*

004-7250 1x100 **1.65**

004-7257 1x1000 **13.60**

| | | | |
|---|---|---|---|
| **SHERRYLAC Tabs** | 003-4301 | 1M | 3.00 |
| *(Comparable to Titralac)* | 003-4305 | 5x1M | 14.40 |
| Each tab contains: Calcium Carbonate 0.42 gm., Glycine 0.18 gm. | | | |
| **SIN-A-PAP Tabs** | 004-1580 | 100 | 1.10 |
| *(Comparable to Sinutabs)* | 004-1581 | 1M | 7.45 |
| Each pink tab contains: APAP 150 mg., Phenyltoloxamine 22 mg., Phenacetin 150 mg., Phenylpropanolamine HCl 25 mg. | 004-1585 | 5x1M | 36.95 |
| **SINEZE Caps** *(Comparable to Ornex)* | 003-5740 | 100 | 1.65 |
| Each blue & white cap contains: APAP 325 mg., Phenylpropanolamine HCl 18 mg. | 003-5745 | 1M | 12.95 |
| **SINO-CLEAR Multilayer Tabs** | 004-5360 | 1M | 9.70 |
| Prompt Relief of Colds, Hay Fever, Sinus | 004-5365 | 5x1M | 46.95 |
| Each tab contains: Caffeine 10 mg., Chlorpheniramine Mal. 2 mg., Phenacetin 100 mg., Phenylephrine HCl 5 mg., Salicylamide 227 mg. | | | |
| **SODIUM FLUORIDE** | | | |
| 2.2 mg. White Tabs | 004-5480 | 1M | 1.35 |
| | 004-5485 | 5x1M | 7.10 |
| 2.2 mg. Chewable, Flavored Tabs | 004-5490 | 1M | 1.45 |
| | 004-5495 | 5x1M | 7.75 |
| **SODIUM SALICYLATE U.S.P.** | | | |
| 5 gr. E. C. Red Tabs | 004-5600 | 1M | 3.25 |
| | 004-5605 | 5x1M | 23.50 |
| 10 gr. E. C. Red Tabs | 004-5620 | 1M | 8.35 |
| | 004-5625 | 5x1M | 41.75 |
| **SPASMOL Caps** | | | |
| *(Comparable to Cyclospasmol)* | | | |
| 200 mg. Blue Caps | 003-5310 | 100 | 1.70 |
| | 003-5315 | 1M | 13.75 |
| 400 mg. Red/Blue Caps | 003-5290 | 100 | 3.10 |
| | 003-5295 | 500 | 13.80 |
| **SPASMTABS** | 003-9200 | 1M | 2.25 |
| *(Comparable to Donnatal)* | 003-9201 | 1x5M | 8.25 |
| Each white tab contains: Atropine Sulfate 0.0194 mg., Hyoscine HBr .0065 mg., Hyoscyamine SO. 0.1037 mg., Phenobarbital ¼ gr. | | | |

## SHERFACT

*Comparable to Actifed*

White Tablets

003-0180 1x100 **1.30** 003-0185 1x1000 **9.45**

| | | | |
|---|---|---|---|
| **SPASTOLATE Caps** | 003-9260 | 1M | 8.05 |
| *(Comparable to Donnatal)* | 003-9265 | 5x1M | 39.10 |
| Each green & clear cap contains: Atropine Sulfate 0.0194 mg., Hyoscine HBr .0065 mg., Hyoscyamine SO. 0.1037 mg., Phenobarbital 16.2 mg. | | | |
| **STILBESTROL Tabs U.S.P.** | | | |
| 1.0 mg. White C. T. | 004-5840 | 1M | 6.10 |
| | 004-5845 | 5x1M | 29.70 |
| 1.0 mg. Red E. C. | 004-5860 | 1M | 9.10 |
| | 004-5865 | 5x1M | 44.25 |
| 5 mg. White C. T. | 004-5880 | 1M | 8.95 |
| | 004-5885 | 5x1M | 43.50 |
| 5 mg. Red E. C. | 004-5900 | 1M | 11.95 |
| | 004-5905 | 5x1M | 58.50 |
| **SULFADIAZINE Tabs 7.7 gr.** | 004-6060 | 1M | 17.50 |
| **SULFAMETHOXAZOLE Tabs. 0.5 gm.** | 004-6120 | 100 | 4.85 |
| *(Comparable to Gantanol)* | | | |
| **SULFASALAZINE Gold Tabs 500 mg.** | 004-6170 | 100 | 3.85 |
| *(Comparable to Azulfidine)* | 004-6175 | 500 | 16.90 |
| **SULFISOXAZOLE White Tabs. 0.5 gm.** | 004-6181 | 1M | 14.95 |
| *(Comparable to Gantrisin)* | | | |

## QUINIDINE

200 mg. U.S.P.

004-4325 1x100 — **6.60**

004-4329 1x1M — **55.50**

For CIII, CIV, CV, DEA Registry # Required

IMPORTANT: PLEASE USE PRODUCT NUMBERS WHEN ORDERING

| | | | | |
|---|---|---|---|---|
| 156-1800 | CO-PYRONIL Caps. 100 | | 1 | 7.65 |
| 156-1805 | Caps. 1000 | | 1 | 68.50 |
| | CORDRAN | | | |
| 156-1902 | Cream, 7½ gm., 0.5% | | 1 | 1.55 |
| 156-1900 | Cream, 15 gm., 0.5% | | 1 | 2.45 |
| 156-1905 | Cream, 60 gm., 0.5% | | 1 | 6.95 |
| 156-2010 | ½ Strength Cream, 60 gm. | | 1 | 3.75 |
| 156-2005 | 0.05% Lotion, 60cc | | 1 | 6.95 |
| 156-1950 | Ointment, 15 gm., 0.5% | | 1 | 2.45 |
| 156-1955 | Ointment, 60 gm., 0.5% | | 1 | 6.95 |
| 156-2015 | ½ Strength Oint., 60 gm. | | 1 | 3.75 |
| 156-2115 | Tape, 80" x 3" | | 1 | 6.45 |
| | CORDRAN-N | | | |
| 156-2050 | Cream, 15 gm. | | 1 | 2.65 |
| 156-2055 | Cream, 60 gm. | | 1 | 7.95 |
| 156-2100 | Ointment, 15 gm. | | 1 | 2.65 |
| 156-2105 | Ointment, 60 gm. | | 1 | 7.95 |
| | CORICIDIN | | | |
| 214-1700 | "D" Tabs, 100 | | 1 | 3.10 |
| 214-1705 | "D" Indust. Pack, 400 | | 1 | 8.70 |
| 214-1242 | Demilets, 24 | | 6 | 4.20 |
| 214-1200 | • Tabs. 100 | | 1 | 2.50 |
| 214-1220 | Tabs. Indust. Pack, 400 | | 1 | 7.90 |

## DIPHTHERIA PERTUSSIS TETANUS TOXOID

Alum Precipitate, 7.5cc Vial

174-1260 1 Vial **2.15**

174-1260 10 Vials **19.95**

| | | | | |
|---|---|---|---|---|
| 214-1300 | CORIFORTE Caps. 100 | | 1 | 7.80 |
| 128-0305 | CORT-ACNE Lot., 2 oz. | | 1 | 3.35 |
| | COR-TAR-QUIN | | | |
| 132-1310 | ½% Creme, 1 oz. | | 1 | 2.60 |
| | CORT-DOME | | | |
| 132-0500 | • ½% Creme, 1 oz. | | 1 | 1.70 |
| 132-0505 | • 1% Creme, 1 oz. | | 1 | 2.90 |
| 254-2429 | CORTENEMA, 7x60cc | | 1 | 11.45 |
| | CORTISPORIN | | | |
| 122-1700 | Ointment, ½ oz. | | 1 | 3.00 |
| 122-1900 | Ophth. Oint., ⅛ oz. | | 1 | 1.50 |
| 122-2000 | Ophth. Susp., 5cc | | 1 | 2.10 |
| 122-1810 | Otic Drops, 10cc | | 1 | 3.00 |
| 122-1820 | Otic Suspension, 10cc | | 1 | 3.00 |
| 166-2500 | CO-SALT, 8 oz. | | 1 | 2.75 |
| | COTAZYM | | | |
| 184-0300 | Caps. 100 | | 1 | 6.20 |
| 184-0305 | Caps. 500 | | 1 | 29.45 |
| 184-2435 | CO-TYLENOL Tabs. 48 | | 1 | 2.15 |
| | COUMADIN (Warfarin) | | | |
| 138-0100 | 2 mg. Tabs. 100 | | 1 | 5.00 |
| 138-0300 | 2½ mg. Tabs. 100 | | 1 | 5.05 |
| 138-0500 | 5 mg. Tabs. 100 | | 1 | 5.45 |
| 138-0600 | 5 mg. Tabs. 1000 | | 1 | 52.75 |
| 138-0700 | 7½ mg. Tabs. 100 | | 1 | 6.70 |
| 138-0900 | 10 mg. Tabs. 100 | | 1 | 7.95 |
| 343-0800 | CREAMALIN Tabs. 200 | | 1 | 3.90 |
| | CRUEX | | | |
| 187-3435 | Spray Powder, 4 oz. | | 1 | 1.80 |
| 187-2430 | Medicated Cream, 15 gm. | | 1 | 1.35 |
| | CRYSTICILLIN (Procaine Penicillin G) | | | |
| 222-0325 | 300,000 U.S. 10cc | 10 | | 7.90 |
| 222-0325 | 300,000 U.S. 10cc | 100 | | 72.50 |
| 222-0350 | 600,000 U.S. 12cc | 10 | | 15.20 |
| 222-0350 | 600,000 U.S. 12cc | 100 | | 141.25 |
| | CRYSTODIGIN (Digitoxin) | | | |
| 184-2133 | • 0.1 mg. Tabs. 100 | | 1 | 1.25 |
| | CU-7 | | | |
| 212-0775 | Copper Intrauterine, 6 | | 1 | 63.95 |
| 212-0775 | Copper Intrauterine, 6 | | 5 | 315.95 |
| 230-1200 | C.V.P. Caps. 100 | | 1 | 7.95 |
| 230-1205 | Caps. 500 | | 1 | 35.95 |
| | CYCLAINE HCl (Hexylcaine HCl) | | | |
| 172-1450 | 5% Topical, 60cc | | 1 | 3.20 |
| | CYCLOGYL | | | |
| 104-2500 | 0.5% Ophth. Sol., 15cc | | 1 | 5.50 |
| 104-2600 | 1% Ophth. Sol., 15cc | | 1 | 6.25 |
| | CYCLOSPASMOL (Cyclandelate) | | | |
| 144-0100 | 100 mg. Tabs. 100 | | 1 | 4.20 |
| 144-0200 | • 200 mg. Caps. 100 | | 1 | 8.00 |
| | CYTOMEL (Liothyronine) | | | |
| 220-2000 | 5 mcg. Tabs. 100 | | 1 | 1.80 |
| 220-2100 | • 25 mcg. Tabs. 100 | | 1 | 2.70 |
| 220-2105 | • 25 mcg. Tabs. 1000 | | 1 | 25.50 |
| 220-2115 | • 50 mcg. Tabs. 100 | | 1 | 4.10 |
| | CYTOXAN | | | |
| 168-0750 | 50 mg. Tabs. 100 | | 1 | 23.35 |

# D

| | | | | |
|---|---|---|---|---|
| 219-0400 | DACRIOSE Sol. 4 oz. | | 1 | 2.00 |
| | DALMANE (Flurazepam HCl) | | | |
| 200-0710 | 15 mg. Caps. 100 | CIV | 1 | 8.45 |
| 200-0715 | 15 mg. Caps. 500 | CIV | 1 | 40.95 |
| 200-0730 | 30 mg. Caps. 100 | CIV | 1 | 16.15 |
| 200-0735 | 30 mg. Caps. 500 | CIV | 1 | 48.55 |
| | DANOCRINE | | | |
| 242-0900 | 200 mg. Caps. 100 | | 1 | 97.50 |
| | DANTRIUM | | | |
| 136-0072 | 25 mg. Caps. 100 | | 1 | 10.60 |
| 136-0082 | 100 mg. Caps. 100 | | 1 | 18.50 |
| 172-1700 | DARANIDE Tabs. 100 | | 1 | 5.90 |
| | DARICON | | | |
| 162-0360 | 10 mg. Tabs. 60 | | 1 | 6.40 |
| 162-0365 | 10 mg. Tabs. 500 | | 1 | 32.60 |
| 156-2340 | DARVOCET-N Tabs. 100 | CIV | 1 | 8.05 |
| 156-2345 | Tabs. 500 | CIV | 1 | 24.35 |
| | DARVOCET-N 100 | | | |
| 156-2347 | Tabs. 100 | CIV | 1 | 9.50 |
| 156-2348 | Tabs. 500 | CIV | 1 | 44.90 |
| | DARVON (Propoxyphene HCl) | | | |
| 156-2350 | 32 mg. Caps. 100 | CIV | 1 | 4.05 |
| 156-2355 | 32 mg. Caps. 500 | CIV | 1 | 19.55 |
| 156-2400 | • 65 mg. Caps. 100 | CIV | 1 | 7.15 |
| 156-2405 | • 65 mg. Caps. 500 | CIV | 1 | 33.20 |
| | DARVON COMPOUND | | | |
| 156-2450 | Caps. 100 | CIV | 1 | 4.25 |
| 156-2455 | Caps. 500 | CIV | 1 | 21.10 |
| 156-2500 | • '65' Caps. 100 | CIV | 1 | 7.45 |
| 156-2505 | • '65' Caps. 500 | CIV | 1 | 35.80 |
| | DARVON-N CIV (Propoxyphene Napsylate) | | | |
| 156-2310 | 100 mg. Tabs. 100 | | 1 | 8.70 |
| | DARVON-w/A.S.A. | | | |
| 156-2510 | Caps. 100 | CIV | 1 | 7.75 |
| 156-2515 | Caps. 500 | CIV | 1 | 36.25 |

**COMBISTIX Strips**

108-0900 1 x 100 **10.25**

108-0900 10 x 100 **101.40**

| | | | | |
|---|---|---|---|---|
| | DARVON-N w/A.S.A. | | | |
| 156-2325 | Tabs. 100 | CIV | 1 | 8.75 |
| 156-2330 | Tabs. 500 | CIV | 1 | 42.95 |
| | DAXOLIN | | | |
| 132-1950 | 10 mg. Caps. 100 | | 1 | 10.90 |
| 132-1960 | 25 mg. Caps. 100 | | 1 | 16.50 |
| 132-1970 | 50 mg. Caps. 100 | | 1 | 21.90 |
| 198-0220 | DEANER-250 Tabs. 50 | | 1 | 15.40 |
| | DEBRISAN POWDER | | | |
| 191-0800 | 7x4 gm. Packets | | 1 | 14.80 |
| 191-0805 | 14x4 gm. Packets | | 1 | 32.40 |
| 191-0810 | 60 gm. Container | | 1 | 32.40 |
| 191-0815 | 120 gm. Container | | 1 | 62.40 |
| 254-2325 | DEBROX Drops, 15cc | | 1 | 1.65 |
| | DECA-DURABOLIN (Nandrolone Decanoate) | | | |
| 184-0900 | 50 mg./cc Vial, 2cc | | 1 | 8.75 |
| 184-0800 | 50 mg./cc Vial, 4 x 1cc | | 1 | 19.20 |
| 184-0910 | 100 mg./cc Vial, 2cc | | 1 | 16.20 |
| | DECADRON (Dexamethasone) | | | |
| 172-2100 | • Elixir, 100cc | | 1 | 3.65 |
| 172-1900 | • 4 mg./cc Injection, 5cc | | 1 | 5.50 |
| 172-1900 | • 4 mg./cc Injection, 5cc | | 10 | 53.30 |
| 172-1903 | • 4 mg./cc Injection, 25cc | | 1 | 26.65 |
| 172-2150 | 0.1% Ophth. Sol., 2.5cc | | 1 | 1.80 |
| 172-2155 | 0.1% Ophth. Sol., 5cc | | 1 | 3.15 |
| 172-1950 | 0.5 mg. Tabs. 100 | | 1 | 11.65 |
| 172-2000 | • 0.75 mg. Tabs. 100 | | 1 | 14.50 |
| 172-2250 | 0.1% Top. Cream, 15 gm. | | 1 | 2.40 |
| 172-2200 | Turbinaire 12.6 gm. | | 1 | 6.15 |

## DECADRON

4 mg/cc, 5cc Vial

172-1900 1 Vial **5.50**

172-1900 10 Vials **53.30**

| | | | | |
|---|---|---|---|---|
| | DECADRON w/XYLOCAINE | | | |
| 172-2300 | Injection, 5cc | | 1 | 5.60 |
| 172-2300 | Injection, 5cc | | 10 | 54.40 |
| 172-2400 | DECAGESIC Tabs. 100 | | 1 | 7.45 |
| | DECLOMYCIN | | | |
| 154-4500 | 150 mg. Caps. 16 | | 1 | 5.05 |
| 154-4505 | 150 mg. Caps. 100 | | 1 | 30.50 |
| 154-4605 | Syrup, 16 oz. | | 1 | 18.95 |
| | DECLOSTATIN | | | |
| 154-5000 | Caps. 16 | | 1 | 5.85 |
| 154-5005 | Caps. 100 | | 1 | 35.15 |
| | DECONAMINE | | | |
| 219-0440 | Caps. 100 | | 1 | 10.90 |
| | DELADUMONE | | | |
| 222-0400 | • Vial, 5cc | | 1 | 4.70 |
| 222-0400 | • Vial, 5cc | | 5 | 21.95 |
| | DELADUMONE OB | | | |
| 222-0425 | • Vial, 2cc | | 1 | 5.10 |
| 222-0425 | • Vial, 2cc | | 10 | 48.50 |
| | DELALUTIN (Hydroxyprogesterone Caproate) | | | |
| 222-0500 | • 125 mg./cc Vial, 10cc | | 1 | 9.00 |
| 222-0500 | • 125 mg./cc Vial, 10cc | | 5 | 42.65 |
| 222-0600 | • 250 mg./cc Vial, 5cc | | 1 | 8.10 |
| 222-0600 | • 250 mg./cc Vial, 5cc | | 5 | 38.40 |
| | DELATESTRYL (Testosterone Enanthanate) | | | |
| 222-0700 | • 200 mg./cc Vial, 5cc | | 1 | 7.50 |
| | DELESTROGEN (Estradiol Valerate) | | | |
| 222-0800 | • 10 mg./cc Vial, 5cc | | 1 | 4.40 |
| 222-0800 | • 10 mg./cc Vial, 5cc | | 5 | 20.75 |
| 222-0900 | • 20 mg./cc Vial, 5cc | | 1 | 6.10 |
| 222-0900 | • 20 mg./cc Vial, 5cc | | 5 | 28.95 |
| 222-1000 | • 40 mg./cc Vial, 5cc | | 1 | 10.20 |
| 222-1000 | • 40 mg./cc Vial, 5cc | | 5 | 48.20 |



• Generics Available on Pages 4-32

For CIII, CIV, CV, DEA Registry # Required

PLAINTIFF'S EXHIBIT 57

# RUGBY

# LABORATORIES Inc.

20 Nassau Avenue
Rockville Centre, L.I., N.Y. 11570

*"A Full Line of GENERICS"*

## ORDER WITH CONFIDENCE FROM

RXS
PLF. Oshkin
EX. 1
WIT.
DATE May 9 1977
BAR ASSOCIATION REPORTING SERVICE

PLAINTIFF'S EXHIBIT 57

## "YOUR RUGBY DISTRIBUTOR"

Plaintiff's Exhibit 57

# RUGBY LABORATORIES Inc.

## HANDY BRAND AND GENERIC REFERENCE

| NATIONAL BRAND | RUGBY GENERIC BRAND | PAGE |
|---|---|---|
| ACHROMYCIN-V | TETRACYCLINE | |
| Caps | Caps | 15 |
| Syrup | Syrup | 23 |
| ACTIFED | ALLERFRIN | |
| Tabs | Tabs | 6 |
| Syrup | Syrup | 21 |
| ADEFLOR | VITAFLOR | 19 |
| ALLBEE w/C | VITABEE w/C | 19 |
| ALLBEE-T | VITABEE-T | 19 |
| AMBENYL | BROMOTUSS | 21 |
| AMCILL | AMPICILLIN | |
| Caps | Caps | 6 |
| Suspension | Suspension | 21 |
| AMESEC | AMO-FED | 6 |
| ANTABUSE | DISULFIRAM | 10 |
| ANTEPAR | PIPERAZINE TART. | 13 |
| ANTIVERT | MECLIZINE | 11 |
| APRESOLINE | HYDRALAZINE | 10 |
| APRESOLINE-ESIDRIX | APRESODEX | 6 |
| AQUASOL E | VITAMIN E | 17 |
| ARISTOCORT | TRIAMCINOLONE | 15, 23 |
| ARLIDIN | NYLIDRIN | 12 |
| ARTANE | TRIHEXANE | 16 |
| ASCRIPTIN | BUFFERED ASPIRIN | 7 |
| AZO-GANTRISIN | AZO-SULFISOXAZOLE | 7 |
| AZULFIDINE | SULFASALAZINE | 15 |
| BECOTIN-T | BEE-T-VITES | 19 |
| BECOTIN w/C | VI-C-TINIC w/C | 19 |
| BEMINAL FORTE WITH C | BEE-FORTE WITH C | 19 |
| BENADRYL | DIPHENHYDRAMINE | |
| Caps | Caps | 10 |
| Elixir | Elixir | 21 |
| BENEMID | PROBENECID | 13 |
| BENTYL | BENTOMINE | 7 |
| BENYLIN | DIPHENHYDRAMINE | 10 |
| BETADINE | POVIDINE | |
| | Solution | 22 |
| | Surgical Scrub | 22 |

| NATIONAL BRAND | RUGBY GENERIC BRAND | PAGE |
|---|---|---|
| BONINE | MECLIZINE | 11 |
| BUFFERIN | BUFFERED ASPIRIN | 7 |
| BUTIBEL | BUTABARB-BELLADONNA | 7 |
| BUTISOL | BUTABARBITAL | 7 |
| CVP | BIOFLAVANOIDS #1 | 19 |
| CAFERGOT | ERGO-CAFF | 10 |
| CHLOROMYCETIN | CHLORAMPHENICOL | 8 |
| CHLORTRIMETON | CHLORPHENIRAMINE MAL. | 8 |
| CHOCKS | CHEWABLE-VITE | 19 |
| CHOCKS w/IRON | CHEWABLE-VITE w/IRON | 19 |
| COLACE | DIOCTYL SODIUM SULFOSUCCINATE | 9, 21 |
| COLBENEMID | PROBEN-C | 13 |
| COMBID | ISOPRO | 11 |
| COMPOCILLIN VK | PENICILLIN-VK | 13 |
| CORICIDIN | CHLORPHENIRAMINE | 8 |
| CRYSTODIGIN | DIGITOXIN | 9 |
| CYCLOSPASMOL | CYCLANDELATE | 9 |
| CYTOMEL | CYTOMINE | 9 |
| DARVON | PROPOXYPHENE HCl | 14 |
| DARVON COMP 65 | PROPOXYPHENE COMP 65 | 14 |
| DECADRON | DEXAMETHASONE | 9 |
| DIAMOX | ACETAZOLAMIDE | 6 |
| DICAL-D | DICALCIUM PHOSPHATE | 9 |
| DILANTIN | PHENYTOIN SODIUM | 13 |
| DIMETANE | BROMPHENIRAMINE | |
| Tabs | Tabs | 7 |
| Elixir | Bromphen-Expect | 21 |
| DIMETAPP | BROMOPHEN | |
| Extentabs | T.D. Tabs | 7 |
| Elixir | Brotapp Elixir | 21 |
| DIUPRES | CHLOROSERPINE | 8 |
| DIURIL | CHLOROTHIAZIDE | 8 |
| DONNAGEL | QUIAGEL | 22 |
| DONNAGEL P.G. | QUIAGEL P.G. | 22 |
| DONNATAL | HYOSOPHEN | 11 |
| DORIDEN | GLUTETHIMIDE | 10 |
| DRAMAMINE | DIMENHYDRINATE | 9 |

"A Full Line of Generics"

Plaintiff's Exhibit 57

# RUGBY LABORATORIES Inc.

## CAPSULES AND TABLETS

| RUGBY GENERIC BRAND | SIZE | NDC No. PREFIX 0536- | NATIONAL BRAND |
|---|---|---|---|
| **CORTISONE** | | | **CORTONE** |
| 25 mg. Tabs (White) | 100 | 3530-01 | |
| **CYCLANDELATE** | | | **CYCLO-SPASMOL** |
| 200 mg. Caps (Blue) | 100 | 3531-01 | |
| | 1000 | 3531-10 | |
| 400 mg. Caps (Blue/Red) | 100 | 3529-01 | |
| | 500 | 3529-05 | |
| **CYTOMINE** | | | **CYTOMEL** |
| 25 mcg. Tabs (White) | 100 | 3533-01 | |
| | 1000 | 3533-10 | |
| 50 mcg. Tabs (White) | 100 | 3535-01 | |
| | 1000 | 3535-10 | |
| **DEXAMETHASONE** | | | **DECADRON** |
| 0.75 mg. Tabs (Green) | 100 | 3583-01 | |
| 1.5 mg. Tabs (Pink) | 100 | 3584-01 | |
| **DICAL-CAPTAB** (Capsule Shaped Tab) | 1000 | 3706-10 | **DICAL D** |
| **DICALCIUM PHOSPHATE** | | | |
| 7½ gr. Tabs | 1000 | 3704-10 | |
| Caps | 1000 | 3708-10 | |
| Each capsule contains: dical phosph 4½ gr. vit. d 330 iu min. glue 3 gr. | | | |
| **DICYCLOMINE** (See BENTOMINE) | | | **BENTYL** |

NEW

**DOXYCYCLINE HYCLATE**

(Compare to Vibramycin)

100 mg. Caps (blue)

Available in

**50's** 0536-0230-06

## CAPSULES AND TABLETS

| RUGBY GENERIC BRAND | SIZE | NDC No. PREFIX 0536- | NATIONAL BRAND |
|---|---|---|---|
| **DIETHYLPROPION HCl** Ⓒ | | | |
| 75 mg. T.D. Tabs (White) | 100 | 3701-01 | **TENUATE DOSPAN** |
| | 1000 | 3701-10 | |
| **DIGITALIS** | | | |
| 1½ gr. Tabs c.t. (Green) | 1000 | 3720-10 | |
| **DIGITOXIN** | | | **CRYSTO-DIGIN** |
| 0.1 mg. Tabs (White) | 1000 | 3730-10 | |
| | 5000 | 3730-50 | |
| 0.1 mg. Tabs (Pink) | 1000 | 3726-10 | |
| | 5000 | 3726-50 | |
| 0.2 mg. Tabs (White) | 1000 | 3732-10 | |
| | 5000 | 3732-50 | |
| 0.2 mg. Tabs (Pink) | 1000 | 3736-10 | |
| | 5000 | 3736-50 | |
| **DIGOXIN** | | | **LANOXIN** |
| 0.25 mg. Tabs (White) | 1000 | 3740-10 | |
| | 5000 | 3740-50 | |
| **DIMENHYDRINATE** | | | **DRAMAMINE** |
| 50 mg. Tabs (Yellow) | 100 | 3742-01 | |
| | 1000 | 3742-10 | |
| **DIOCTYL SODIUM SULFOSUCCINATE** | | | |
| 100 mg. Tabs (Yellow) | 1000 | 3750-10 | |
| 100 mg. Caps (Pink-Clear) | 1000 | 3752-10 | |
| 100 mg. Soft Gel. Caps (Red) | 100 | 3756-01 | **COLACE** |
| | 1000 | 3756-10 | |
| 250 mg. Caps (Red-Yellow) | 1000 | 3754-10 | |
| **DSS-CASANTHRANOL** | | | **PERI-COLACE** |
| Soft Gel. Caps (Maroon) | 100 | 3751-01 | |
| | 1000 | 3751-10 | |
| Tabs (Yellow) | 1000 | 3753-10 | |
| **DIPHENATOL** Ⓒ | | | **LOMOTIL** |
| Tabs (White) | 100 | 3763-01 | |
| | 500 | 3763-05 | |

**AMOXICILLIN**

(Compare To Larotid)

Two Strengths Available

250 mg. Caps (Beige & Brown)

500 mg. Caps (Beige)

20 Nassau Ave. Rockville Centre, N.Y. 11570

PLAINTIFF'S EXHIBIT 58

Fall 1979

# Darby

DARBY DRUG CO. INC. 100 BANKS AVE., ROCKVILLE CENTRE, N.Y. 11571

NEW

## AMPICILLIN TRIHYDRATE

F.D.A. CERTIFIED

Maroon/Gray

250 mg. Caps

310-0010 100— 4.70

310-0015 500— 21.95

310-0013 1M — 43.50

500 mg. Caps

310-0016 100— 9.40

310-0018 500— 44.35

310-0018 2x500— 87.90

## TOLBUTAMIDE

0.5 gm. Tabs

(Similar to Orinase)

004-6880 100— 3.55

004-6882 500— 15.95

004-6885 1M — 29.95

## VITAMIN B-12

(Crystalline) 1000 mcg./cc

| | 10 | 50 |
|---|---|---|
| 300-2040 10cc Vials | 4.95 | 23.50 |
| 300-2060 30cc Vials | 6.20 | 29.30 |

## TETRACYCLINE HCl

F.D.A. CERTIFIED U.S.P.

250 mg. Orange & Yellow Caps

310-1820 100— 1.80

310-1825 1M — 14.65

310-1825 5x1M — 72.50

500 mg. Black & Yellow Caps

310-1870 100— 3.25

310-1875 1M — 27.90

## TRI-HYDROSERPINE

Tabs

(Similar to Ser-ap-es)

004-7212 1000— 17.95

## DIPYRIDAMOLE

(Similar to Persantine)

25 mg. Round Orange Tabs

003-7430 100— 4.75

003-7432 1M — 44.50

## HYDRO-CHLOROTHIAZIDE

(Similar to Hydrodiuril)

50 mg. Tabs

003-9190 100— 1.00

003-9192 1M — 4.50

003-9195 1x5M — 20.95

## AVAILABLE NEW '79-80 INFLUENZA VACCINE

(For 13 yrs. old & up)

TRIVALENT

Each 0.5cc Contains:

A/Brazil/78 ..... 7 mcg.

A/Texas/1/77 ..... 7 mcg.

B/Hong Kong ..... 7 mcg.

254-3752

5cc Vials

1—10.95 10—106.95

PLAINTIFF'S EXHIBIT 57

STERILE DISPOSABLE SYRINGES

© 1979 by DARBY DRUG CO., INC., 100 Banks Avenue, Rockville Centre, L.I., N.Y. 11571.
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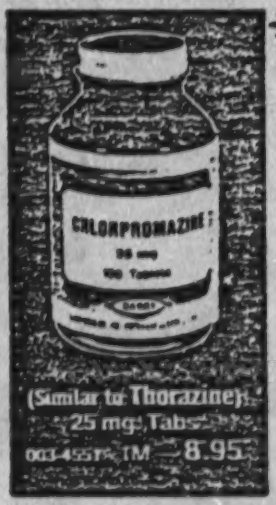
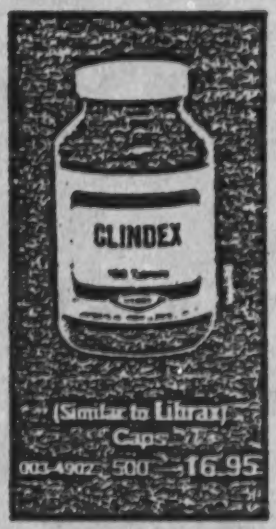
Plaintiff's Exhibit 58

# Tablets/Capsules



NEW LOW PRICE

| | | | | | 1M | 5x1M |
|---|---|---|---|---|---|---|
| **CLINDEX (Similar to Librax)** Caps (Green) .... 003-4900 100—3.75 003-4902 500—16.95 | Chlordiazepoxide HCl 5 mg. | Clindinium Bromide 2.5 mg. | | 003-4928 | 32.50 | |
| **COLCHICINE** Tabs 0.6 mg. (1/100 gr.) (White) ..... | | | | 003-5040 | 7.95 | 39.50 |
| **Cold Tabs #1** (Red) ..... | Chlorpheniramine Maleate 2 mg. | Phenacetin | 162.5 mg. | 003-4992 | 8.75 | 42.50 |
| | Phenylephrine HCl 4 mg. | Caffeine | 32.4 mg. | Salicylamide | | 227.5 mg. |
| **Cold Tabs #2** (Purple) ..... | Phenylpropanolamine HCl 25 mg. | Tartan Hydrate | 2½ gr. | 003-5000 | 10.25 | 49.75 |
| | Chlorpheniramine Maleate 2 mg. | Acetaminophen | 5 gr. | | | |
| | Pyrilamine Maleate 10 mg. | | | | | |
| **Cold Tabs #2 with DMH** (Rose) ..... | Phenylpropanolamine HCl 25 mg. | Tartan Hydrate | 162 mg. | 003-5010 | 15.50 | 75.25 |
| | Chlorpheniramine Maleate 2.5 mg. | Acetaminophen | 325 mg. | | | |
| | Pyrilamine Maleate 10 mg. | Dextromethorphan H Br | 7½ mg. | | | |
| **Cold Capsules—Mild** (Yellow/Blue) ..... | Aspirin 227 mg. | Pyrilamine Maleate | 10 mg. | 003-5040 | 9.55 | 45.35 |
| | Phenacetin 162 mg. | Caffeine | 32.5 mg. | | | |
| **Cold Capsules—Medium** (Yellow/Purple) ..... | Aspirin 162 mg. | Caffeine | 32.4 mg. | 003-5060 | 11.50 | 56.50 |
| | Phenacetin 162 mg. | Pyrilamine Maleate | 25 mg. | | | |
| **Cold Capsules—Forte** (Brown/White) ..... | Aspirin 2½ gr. | Camphor | ⅛ gr. | 003-5080 | 10.90 | 53.20 |
| | Phenacetin 1½ gr. | Pseudephrine | 1/60 gr. | Atropine Sulfate | 1/1000 gr. | |
| | Quinine Sulfate ¼ gr. | Aloin | 1/10 gr. | | | |
| **Conjugated Estrogens U.S.P.** 0.625 mg. Tabs (Maroon) ..... | | 003-5160 100— 4.50 | | 003-5161 | 35.25 | |
| 1.25 mg. Tabs (Yellow) ..... | | 003-5220 100— 3.40 | | 003-5221 | 48.95 | |
| 2.50 mg. Tabs (Purple) ..... | | 003-5290 100—10.65 | | 003-5295 | 88.75 | |
| **Cortisone Tablets** 25 mg. (White) .... 003-5300 100—3.95 | | 003-5302 500—18.50 | | 003-5302 | 36.70 | |
| **Cough Wafers** Mentholated ..... | Benzocaine ⅛ gr. — Licorice P.S. 1/16 gr. | Oil of Anise, Eucalyptol and Menthol | | 003-5340 | 4.20 | 20.20 |
| **CYCLANDELATE (Similar to Cyclospasmol)** 200 mg. Caps (Blue) ..... | | 003-5310 100— 1.95 | | 003-5315 | 15.45 | |
| 400 mg. Caps ..... 003-5290 100—3.65 | | 003-5292 500—14.75 | | | | |
| **CYPROHEPTADINE HCl (Similar to Periactin)** 4 mg. Tabs (White) 003-5150 100—4.35 | | 003-5156 500—19.25 | | | | |

## ONE OF AMERICA'S MOST POPULAR GENERIC FORMULAS

**DARLITE®**
Capsule Shaped Tabs (S.C. Brown) ..... 003-5541 — 1M 7.95 — 5x1M 38.75

| | | | | | |
|---|---|---|---|---|---|
| D | 400 I.U. | Niacinamide | 10 mg. | Inositol | 5 mg. |
| A | 5,000 I.U. | Pot. Sulfate | 5 mg. | Phosphorus | 60 mg. |
| C | 60 mg. | Zinc Sulfate | 0.2 mg. | Ferrous Sulf. | 15 mg. |
| B1 | 5.0 mg. | Dried Yeast | 10 mg. | Iodine (Pot. Iodide) | 0.12 mg. |
| B2 | 3.4 mg. | Wheat Germ Oil | 10 mg. | Copper Sulfate | 0.25 mg. |
| B6 | 0.6 mg. | Biotin | 3 mcg. | Manganese Sulf. | 0.25 mg. |
| B12 | 1.5 mcg. | Choline Bitar. | 5 mg. | Magnesium Sulf. | 5 mg. |
| E | 3 I.U. | Dical. Phos. | 110 mg. | Para-Amino-Benzoic Acid | 5 mg. |
| Cal. Pan. | 3.3 mg. | | | | |

Also Available ..... 003-5540 100—1.05 10x100—9.90

**DANTHRON (Similar to Modane)**
75 mg. S.C. Tab (Yellow) ..... 003-5560 100—1.40 003-5565 10.95

**DECONGEST (Similar to Dristan)**
Tabs (White) ..... 003-5710 100—1.15 003-5710 10.75
Phenylephrine HCl 5 mg. — Phenindamine Tartrate 10 mg. — Aspirin, Caffeine — Aluminum Hydroxide — Magnesium Carbonate Co-dried gel.

Plaintiff's Exhibit 58

C-D

NAME BRAND

BRANDED GENERICS by DARBY

ORDER BY NUMBER PLEASE

GENERIC GUIDE

ection

DARBY

**CYCLOSPASMOL**
**200 MG. CAPS**
Ives
144-5200 100— 8.85

**CYCLANDELATE**
**200 MG. CAPS**
Darby
003-5310 100— 1.95
003-5316 1M—15.45

**® DARVON**
**65 MG. PULVULES**
(Propoxyphene HCl)
Lilly
188-5400 100— 8.40
188-5405 500—38.95

**PROPOXYPHENE HCl ®**
**65 MG. CAPSULES**
Darby
004-3820 100—1.95
004-3822 500—7.50

**® DARVON**
**COMP-65**
Lilly

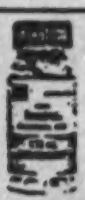
| | |
|---|---|
| Propoxyphene HCl | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

188-5500 100— 8.75
188-5505 500—40.75

**PROPOXYPHENE ®**
**COMP-65**
Darby

| | |
|---|---|
| Propoxyphene HCl | 65 mg. |
| Aspirin | 227 mg. |
| Phenacetin | 162 mg. |
| Caffeine | 32.4 mg. |

004-3830 100— 2.50
004-3832 500— 9.95
004-3834 1M—18.95



**DECADRON**
**0.75 MG. TABS**
(Dexamethasone)
Merck
172-5500 100—15.35

**DEXAMETHASONE**
**0.75 MG. TABS**
Darby
003-5320 100— 3.90
003-5330 10x100—36.50

**DECHOLIN TABS**
(Dehydrocholic Acid 250 mg.)
Dome
133-3030 100— 7.50
133-3033 500—37.50

**DEHYDROCHOLIC**
**ACID**
**250 MG. TABS**
Darby
003-5700 1M—28.95

**DELTASONE**
**5 MG. TABS**
(Prednisone)
Upjohn
228-2100 100—2.05

**PREDNISONE**
**5 MG. TABS**
Darby
004-3842 1M—8.50

Plaintiff's Exhibit 58

IMPORTANT! Please add Stock No. when ordering

## C

| | | Size | Price |
|---|---|---|---|
| | **CRYSTODIGIN** | | |
| 188-2150 | 0.05 mg. | 500— | 3.25 |
| 188-2156 | 0.1 mg. (5M—40.40) | 500— | 5.25 |
| 173-1580 | Cuprimine 125 mg. caps | 100— | 15.40 |
| 173-1306 | Cuprimine 250 mg. caps | 100— | 21.95 |
| 264-3460 | Cuticura Soap Bath Bars | 3— | 1.65 |
| 104-2530 | Cyclogyl 0.5% | 15ml— | 6.30 |
| 104-2600 | Cyclogyl 1.0% | 15ml— | 7.35 |
| 104-2620 | Cyclogyl 2.0% | 5ml— | 4.00 |
| | **CYCLOSPASMOL (Cyclandelate)** | | |
| 144-0100 | 100 mg. tabs. (500—20.75) | 100— | 4.40 |
| 144-0200 | 200 mg. caps. (500—41.50) | 100— | 8.85 |
| 144-0396 | 400 mg. caps | 100— | 15.95 |
| 158-2300 | Cytellin | 1pt.— | 6.95 |
| 230-2000 | Cytomel 5 mcg. | 100— | 2.00 |
| 230-2100 | Cytomel 25 mcg. (1M—28.75) | 100— | 3.00 |
| 230-2116 | Cytomel 50 mcg. | 100— | 4.55 |
| 168-0725 | Cytoxan 25 mg tabs. | 100— | 16.45 |
| 168-0750 | Cytoxan 50 mg. tabs | 100— | 30.25 |

## D

| | | | Size | Price |
|---|---|---|---|---|
| 208-1500 | D.H.E. 45 1cc amps | | 20— | 18.45 |
| 218-0400 | Dacriose Sol | | 4oz— | 2.30 |
| 174-1170 | Dactil w/Pheno tabs | | 50— | 3.65 |
| 234-0260 | Dainite-KI tabs | | 100— | 13.05 |
| 220-0710 | Daimane 15 mg. caps. | CIV | 100— | 9.20 |
| 220-0715 | | CIV | 500— | 44.90 |
| 220-0730 | Daimane 30 mg. caps. | CIV | 100— | 10.95 |
| 220-0735 | | CIV | 500— | 53.95 |
| 106-0310 | Danex Shampoo | | 4oz— | 2.25 |
| 248-0800 | Danocrine 200 mg caps | | 100— | 97.50 |
| 136-0972 | Dantrium 25 mg. caps. | | 100— | 15.10 |
| 136-0982 | Dantrium 100 mg. caps | | 100— | 20.35 |
| 136-0990 | Dantrium O.S. 5mg./ml. 118 ml. | | 1— | 4.40 |
| 165-1010 | Dara Shampoo | | 1pt.— | 3.30 |
| 175-1700 | Daranide 50 mg. tabs | | 100— | 10.35 |
| 220-2300 | Darbid 5 mg. tabs (Isopropamide) | | 50— | 4.30 |
| 168-0360 | Daricon 10 mg. tabs. (500—65.75) | | 60— | 7.90 |
| 168-0370 | Daricon-PB tabs. | | 100— | 11.40 |
| 186-2340 | Darvocet-N 50 tabs. | CIV | 100— | 6.15 |
| 186-2346 | | CIV | 500— | 28.35 |
| 186-2347 | Darvocet-N 100 tabs. | CIV | 100— | 11.35 |
| 186-2348 | | CIV | 500— | 53.15 |
| 186-2360 | Darvon 32 mg. | CIV | 100— | 4.75 |
| 186-2365 | | CIV | 500— | 21.95 |
| 186-2460 | Darvon Comp-32. | CIV | 100— | 5.15 |
| 186-2465 | | CIV | 500— | 24.70 |
| 186-2400 | Darvon 65 mg. | CIV | 100— | 8.40 |
| 186-2405 | | CIV | 500— | 38.95 |
| 186-2500 | Darvon Comp-65. | CIV | 100— | 8.75 |
| 186-2505 | | CIV | 500— | 40.75 |
| 186-2210 | Darvon-N tabs. | CIV | 100— | 10.25 |
| 186-2329 | Darvon-N Susp. 50 mg/5cc. | CIV | 1pt— | 5.40 |
| 186-2325 | Darvon-N w/A.S.A. | CIV | 100— | 10.40 |
| 186-2330 | | CIV | 500— | 48.85 |
| 113-0500 | Datril tabs. | | 100— | 1.70 |
| 113-0510 | Datril 500 X-Strength caps | | 72— | 1.50 |

**Compare DARBY'S Low, Low Prices For Big Savings!!**

©©© D.E.A. No. Required

## D (Continued)

| | | Size | Price |
|---|---|---|---|
| 139-1960 | Daxolin caps 10 mg. | 100— | 12.65 |
| 139-1950 | Daxolin caps 25 mg. | 100— | 18.95 |
| 139-1970 | Daxolin caps 50 mg. | 100— | 25.50 |
| 196-0200 | Deaner 100 mg. tabs. | 50— | 10.10 |
| 196-0230 | Deaner-250 | 50— | 15.40 |
| 160-0425 | Debrox Drops | 15cc— | 1.65 |
| 191-0800 | Debrisan Pwd. 7x4 gm. Pk | 1— | 16.80 |
| 191-0805 | Debrisan Pwd. 14x4 gm. Pk. | 1— | 32.40 |
| 191-0810 | Debrisan 60 gm. Pwd | 1— | 32.40 |
| 191-0815 | Debrisan 120 gm. Pwd | 1— | 62.40 |
| | **DECADRON (Dexamethasone)** | | |
| 173-1900 | 4 mg./cc. (25cc—26.65) | 5cc— | 5.50 |
| 173-2300 | 4 mg./cc w/Xylocaine | 5cc— | 5.95 |
| 173-2110 | L.A. Suspension | 5cc— | 7.35 |
| 173-1960 | 0.5 mg. tabs | 100— | 12.30 |
| 173-2000 | 0.75 mg. tabs | 100— | 15.35 |
| 173-1930 | 4 mg. tabs | 50— | 22.35 |
| 173-2100 | Elixir 100cc | 1— | 4.00 |
| 173-2125 | Ophth. Oint. 0.05% 3.5 gm. | 1— | 1.50 |
| 173-2150 | Ophth. Sol. 0.1% 2.5cc | 1— | 2.10 |
| 173-2155 | Ophth. Sol. 0.1% | 5cc— | 3.65 |
| 173-2175 | Respihaler Aerosol | 1— | 6.75 |
| 173-2200 | Turbinaire 12.6 gm. | 1— | 7.15 |
| 173-2210 | Turbinaire Refill 12.6 gm. | 1— | 6.35 |
| 173-2250 | Topical Cream 0.1% | 15gm— | 2.80 |
| 184-0800 | Deca-Durabolin Box 4 x 1cc (50 mg.) | 1— | 19.20 |
| 184-0900 | Deca-Durabolin 50 mg./cc | 2cc— | 8.75 |
| 184-0910 | Deca-Durabolin 100 mg./cc | 2cc— | 16.20 |
| 173-3480 | Decaspray Topical Aerosol | 25gm— | 3.60 |
| 139-2030 | Decholin tabs. (500—37.50) | 100— | 7.60 |
| | **DECLOMYCIN** | | |
| 154-4800 | 150 mg. caps. (100—40.60) | 16— | 6.75 |
| 154-4810 | 150 mg. tabs. (100—40.35) | 16— | 6.75 |
| 154-4830 | 300 mg. tabs. (48—35.50) | 12— | 9.10 |
| 154-4820 | Declomycin Syrup | 2oz— | 2.80 |
| 154-5000 | Declostatin caps. (100—46.80) | 16— | 7.75 |
| 135-0300 | Deconamine SR caps. | 100— | 11.95 |
| 117-0200 | Degest-2 | 15cc— | 1.95 |
| 223-0450 | Delaclumone. (10—54.75) | 5cc— | 5.85 |
| | **Delalutin** | | |
| 223-0600 | 125 mg./cc. (10—106.25) | 10cc— | 11.35 |
| 223-0800 | 250 mg./cc. (10—95.70) | 5cc— | 10.25 |
| 223-0700 | Delestestryl 200mg./cc. (10—88.80) | 5cc— | 9.35 |
| 174-1200 | Delcid Antacid | 8oz— | 2.10 |
| | **Delestrogen** | | |
| 222-0600 | 10 mg./cc. (10—51.70) | 5cc— | 5.50 |
| 222-0900 | 20 mg./cc. (10—72.30) | 5cc— | 7.70 |
| 222-1000 | 40 mg./cc. (10—119.95) | 5cc— | 12.70 |
| 182-0300 | Delfen Cream tube | 1— | 3.50 |
| 182-0400 | Delfen Cream w/Applicator | 1— | 4.10 |
| 182-0500 | Delfen Vag. Foam 20 gm. w/App. | 1— | 3.80 |
| 182-0550 | Delfen Vaginal Foam Refill 20 gm. | 1— | 3.50 |
| 182-0496 | Delfen Vag. Foam 50 gm | 1— | 4.70 |
| 228-2100 | Deltasone 5 mg. tabs | 100— | 2.05 |
| 214-1900 | Demazin repetabs | 100— | 8.20 |
| 243-1030 | Demerol 50 mg. tabs. CII | 100— | 10.35 |
| 243-1050 | Demerol 50 mg./cc. CII | 30cc— | 4.35 |
| | | 10x30cc— | 41.35 |

**DEXAMETHASONE**
(Similar to Decadron)
4 mg./cc
201-4150
5 cc—1.15 10x5 cc—10.90

(C)—SEE PAGE 35 BEFORE ORDERING CLASS II ITEMS

PLAINTIFF'S EXHIBIT 59

PX. 675
WIT: Cahill
DATE: Jan. 9, 1979

# Sherry Tablets/Capsules

**CHLOROSERP-25C**
*(Comparable to Diures-250)*
Tabs ... 003-4635 100 2.75
Each tab contains: Reserpine 0.125 mg., Chlorothiazide 250 mg. 003-4635 1M 23.75

**CHLOROTHIAZIDE**
*(Comparable to Diuril)*
250 mg. White Tabs ... 003-4609 100 2.49
003-4625 1M 21.30
003-4610 100 3.95
500 mg. White Tabs ... 003-4615 1M 34.50

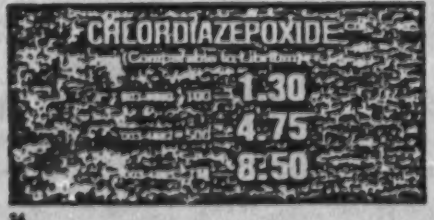
**CHLORPHENIRAMINE MALEATE**
*(Comparable to Chlortrimeton, Teldrin)*
4 mg. Yellow Tabs ... 003-4650 1M 1.25
003-4661 5x1M 6.25
003-4770 1M 4.30
003-4720 5x1M 20.40
003-4780 1M 4.95
003-4790 5x1M 22.50
8 mg. Green/Clear T.D. Caps ... 003-4783 1M 7.50
003-4785 5x1M 35.40
12 mg. Green/Clear T.D. Caps ... 003-4820 1M 8.35
003-4822 5x1M 40.50

**CHLORPHENAMINE W/SPC**
Tabs ... 003-4840 1M 3.85
Each maroon tab contains: Caffeine 1/4 gr., Acetocamotion 2½ gr., Salicylamide 3½ gr. 003-4840 5x1M 18.75

**CHLORPHENTERMINE HCl**
*(See Tenuate)*

**CHLORPROMAZINE**
*(Comparable to Thorazine)*
10 mg. S.C. Rust Tabs ... 003-4545 100 1.85
003-4547 1M 8.85
25 mg. S.C. Rust Tabs ... 003-4552 100 1.35
003-4551 1M 6.15
50 mg. S.C. Rust Tabs ... 003-4560 100 1.85
003-4561 1M 12.85
100 mg. S.C. Rust Tabs ... 003-4570 100 2.95
003-4572 1M 22.50

**CODYLAX E.C.**
*(See Bisacodyl)*






**COLCHICINE**
Tabs 0.6 mg. (1/100 gr.) ... 003-4940 1M 7.50
003-4945 5x1M 36.25

**COLDAID**
*(See Allerpres)*

**CONJUGATED ESTROGENS**
*(Comparable to Premarin)*
0.625 mg. S.C. Maroon Tabs ... 003-5160 100 2.49
003-5161 1M 19.50
1.25 mg. S.C. Yellow Tabs ... 003-5220 100 3.49
003-5221 1M 33.85
2.5 mg. S.C. Purple Tabs ... 003-5280 100 5.49
003-5285 1M 51.95

**CORTISONE ACETATE**
*(Comparable to Cortone Acetate)*
White Tabs 25 mg. ... 003-5300 100 3.89
003-5302 500 17.60

**COUGH DISCS** ... 003-5340 1M 2.75
Each disc contains: Anise, Benzocaine 5 mg., Eucalyptol q.s., Menthol, P.E. Licorice 1/16 gr. 003-5340 5x1M 12.95

**CYCLANDELATE**
*(Comparable to Cyclospasmol)*
200 mg. Blue Caps ... 003-5310 100 1.85
003-5315 1M 12.40
400 mg. Red/Blue Caps ... 003-5290 100 3.85
003-5293 500 17.25

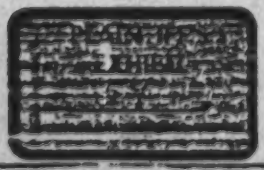
**CYTOMINE**
*(Comparable to Cytomel)*
25 mcg. White Tabs ... 003-5330 100 1.89
003-5335 1M 8.50
50 mcg. White Tabs ... 003-5355 100 2.15
003-5357 1M 9.25

## D...

**DEHYDROCHOLIC ACID**
*(Comparable to Cytomel)*
3½ gr. White Tabs ... 003-5760 1M 22.50

**DEXAMETHASONE**
*(Comparable to Decadron)*
Tabs 0.75 mg. ... 003-5830 100 3.95
003-5836 10x100 34.50

**DICYCLOMINE HCl N.F.**
*(Comparable to Bentyl)*
10 mg. Blue Caps ... 003-3670 100 1.85
003-3675 1M 8.95
10 mg. w/Ph. 15 mg. Blue/Clear Caps ... 003-3690 100 1.25
003-3695 1M 8.50
20 mg. Blue Tabs ... 003-3770 100 1.65
003-3775 1M 8.95
20 mg. w/Ph. 15 mg. White Tabs ... 003-3780 100 1.15
003-3785 1M 7.50



PLAINTIFF'S EXHIBIT 60

MD Pharmaceutical Inc.
Generic Drug Manufacturer
3501 West Garry Avenue
Santa Ana, California 92704
(714) 556-3941

# Product List

| BRAND NAME | GENERIC NAME |
|---|---|
| ACTIFED | TRIPROLIDINE - PSEUDOEPHEDRINE |
| CYCLOSPASMOL | CYCLANDELATE 200 MG. |
| DORIDEN | GLUTETHIMIDE 0.5 MG. |
| LOMOTIL | DIPHENOXYLATE - ATROPINE |
| ELAVIL | AMITRIPTYLINE 10 MG<br>AMITRIPTYLINE 25 MG<br>AMITRIPTYLINE 50 MG |
| RITALIN | METHYLPHENIDATE 5 MG<br>METHYLPHENIDATE 10 MG<br>METHYLPHENIDATE 20 MG |

NOTE:

**PLAINTIFF'S EXHIBIT 64**

HHR 4X9624

T I I I 5 5 7-0 3-1

PHYSICIAN SCREENING QUESTIONNAIRE

Physician Name: _____

Address: _____

City/State: _____

Telephone Number: _____ _____
(AREA CODE)

Date of call to Physician: _____

Hello. I am _____ of Heller Research, a marketing research firm that is presently doing a study in the pharmaceutical field.

A. We hope that you will be willing to cooperate with us in our research, and would appreciate your giving us about 5 to 10 minutes of your time for a personal interview. We will be pleased to pay you your normal fee for an office visit.

B. Can we count on your participation in this important research?

YES ( ) 9-1

NO ( ) ⟶TERMINATE

C. Date of appointment with physician: _____

Name of Interviewer Placing Call: _____

NOTE: If the physician inquires about the nature of the research, state that it involves questions about drugs that physicians prescribe. Do not volunteer any other information. Do assure him that you are NOT selling anything.

**Plaintiff's Exhibit 64**

MHR #X96Z4

PHYSICIAN QUESTIONNAIRE

DOCTOR'S NAME: _____ TELEPHONE CONTACT DATE: _____

ADDRESS: _____ APPOINTMENT DATE: _____

_____

TELEPHONE NUMBER: _____

Hello Dr. _____, I am _____, a representative from Heller Research Corp., a firm that does surveys in the pharmaceutical field. I would appreciate your assistance for no more than 10 or 15 minutes. To show our appreciation, I have a gift for you as a token of appreciation for your help.

1. What do you consider to be your medical specialty? (e.g., general practitioner, internist, cardiologist, etc.)

_____ 10-11-

2. Approximately what percent of your patients are over sixty-five?

_____ % 12-13-

3. I would like to talk to you about medicati[illegible] that can be prescribed for some elderly people.

(POUR THE CAPSULES ON THE DESK OR TABLE BETWEEN YOU AND THE DOCTOR)

4. Do you recognize any of these capsules?

YES ( )14-1

NO ( ) -2 → SKIP TO Q.8

5. Would you separate the capsules you do recognize? (RECORD WHICH CAPSULES THE DOCTOR SEPARATES)

| | | |
|---|---|---|
| All Blue | ( )15-1 | |
| Brown/White | ( ) | -2 |
| Blue/Red | ( ) | -3 |
| Maroon/White | ( ) | -4 |

6. How did you recognize the capsules you separated?

_____ 16-

_____ 17-

_____ 18-

_____ 19-

7. Can you tell me the name of each product you separated? To help me in recording this, please point to the product as you identify it, or tell me the color of the product as you identify it?

All Blue _____ 20- Blue/Red _____ 22-

Brown/White _____ 21- Maroon/White _____ 23-

(1)

**Plaintiff's Exhibit 64**

(QUESTIONS 8 AND 9 ARE TO BE ASKED ONLY IN THE FOLLOWING CIRCUMSTANCES:)

(A) IF THE ANSWER TO Q.4 IS "NO"

(B) IF ALL BLUE OR BLUE/RED ARE NOT AMONG THE CAPSULES SEPARATED IN RESPONSE TO Q.5

(C) IF CYCLOSPASMOL IS NOT LISTED IN RESPONSE TO Q.7

(HAND CARD A TO PHYSICIAN) (INTERVIEWER: PLEASE INDICATE IN THE SPACE PROVIDED, THE NUMBER NEXT TO THE DRUG CYCLOSPASMOL THAT APPEARS ON THE CARD SHOWN RESPONDENT _____.)

8. I am going to show you a list of names of some drug products. Do you now recognize any of the capsules?

YES ( )24-1 ⟶ ASK Q.9

NO ( ) -2 ⟶ SKIP TO Q.10

9. Tell me by name which of the capsules you now recognize. To help me in recording them, please point to the particular capsule as you identify it, or tell me the color of the product as you identify it.

All Blue ( )25-1

Blue/Red ( ) -2

10. On this interview we are going to talk about Cyclospasmol. Have you ever prescribed Cyclospasmol?

YES ( )26-1 ⟶ ASK Q.11
NO ( ) -2 ⟶ SKIP TO LAST PAGE

11. When was the last time you prescribed Cyclospasmol?

| | |
|---|---|
| Less than 1 month ago | )27-1 |
| 1-3 months ago | -2 |
| Between 3 & 6 months ago | -3 |
| More than 6 months ago | -4 |

**Plaintiff's Exhibit 64**

12. What dosage of Cyclospasmol have you prescribed -- the 200 mg. or the 400 mg.?

| | | |
|---|---|---|
| 200 mg. | ( ) | 28-1 |
| 400 mg. | ( ) | -2 |
| Both | ( ) | -3 |

13. We are interested in determining how patients who take Cyclospasmol identify the product. I would appreciate your determining whether any of your patients would like to participate in the survey. We will not be asking them any questions about their health. We're merely interested in learning whether they can recognize certain capsules we'll be showing them. I'm sure they will find it very interesting and diverting. We will need only a few minutes of their time and will pay them for their time.

Of course, we will compensate you or your nurse or secretary for the time required to telephone the patients. If your secretary could take the time out now while I wait, I could pay her $10 for the name of each patient she finds willing to cooperate in the survey.

When the patient is called, please do not tell the patient anything about the kind of survey we're doing, except to say that it is in the pharmaceutical area. In order to make sure that their answers are spontaneous, they should not be told the kinds of questions they may be asked. Also, the names of specific drug products should not be mentioned. Of course, I'm sure the nurse or secretary will want to assure the patient that asking them whether they wish to participate does not mean there is anything wrong, and that participation is voluntary on their part.

Please let me know in each instance which dosage of Cyclospasmol you have prescribed for each patient who is willing to be interviewed. I would appreciate having the names of only those patients who you believe can respond intelligently to survey questions, that is, they are still ambulatory, alert and fairly self-sufficient.

(NOTE: IF A PHYSICIAN CANNOT SUPPLY YOU WITH THE NAMES AND DOSAGE FORMS PRESCRIBED FOR EACH PATIENT AT THE TIME OF THE INTERVIEW, PLEASE ARRANGE TO TELEPHONE HIS OFFICE FOR THE LIST AT A GIVEN TIME EITHER LATER IN THE SAME DAY OR ON THE NEXT DAY. INDICATE ON THE QUESTIONNAIRE THAT THE INFORMATION AS TO NAME AND DOSAGE WAS NOT OBTAINED DURING THE INTERVIEW, BUT BY TELEPHONE AFTERWARDS AND RECORD (1) THE DATE WHEN THE NAMES AND DOSAGES WERE OBTAINED AND (2) THE IDENTITY OF THE PERSONS WHO GAVE THE INFORMATION TO YOU BY TELEPHONE)

14. Patient Names, Addresses, Telephone Numbers — Dosage Prescribed:

| | | |
|---|---|---|
| _____ | 200mg. ( )29- | 400mg. ( )33- |
| _____ | | |
| _____ | 200mg. ( )30- | 400mg. ( )34- |
| _____ | | |
| _____ | 200mg. ( )31- | 400mg. ( )35- |
| _____ | | |
| _____ | 200mg. ( )32- | 400mg. ( )36- |
| _____ | | |

**Plaintiff's Exhibit 64**

Thank you for your help. (GIVE DOCTOR AND NURSE FEES)

Interviewer name: _____

Interview Date: _____

IF NECESSARY:

DATE OF CALLBACK FOR PATIENT NAMES: _____

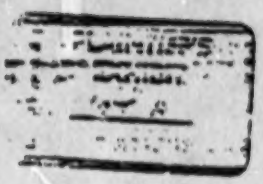
NAME OF PERSON GIVING PATIENT NAMES: _____

$_____ GIVEN TO NURSE/SECRETARY

$_____ GIVEN TO DOCTOR

(4)

**Plaintiff's Exhibit 64**



CARD A

1. CYCLOSPASMOL
2. PAVABID
3. DYAZIDE
4. SERAX
5. MONISTAT - 7
6. PROLOID
7. NALDECON
8. LIDEX
9. ANUSOL HC
10. MELLARIL

**Plaintiff's Exhibit 64**

CARD A

1. MELLARIL
2. CYCLOSPASMOL
3. PAVABID
4. DYAZIDE
5. SERAX
6. MONISTAT - 7
7. PROLOID
8. NALDECON
9. LIDEX
10. ANUSOL HC

Plaintiff's Exhibit 64

CARD A

1. ANUSOL HC
2. MELLARIL
3. CYCLOSPASMOL
4. PAVABID
5. DYAZIDE
6. SERAX
7. MONISTAT - 7
8. PROLOID
9. NALDECON
10. LIDEX

**Plaintiff's Exhibit 64**

## CARD A

1. LIDEX
2. ANUSOL HC
3. MELLARIL
4. CYCLOSPASMOL
5. PAVABID
6. DYAZIDE
7. SERAX
8. MONISTAT - 7
9. PROLOID
10. NALDECON

**Plaintiff's Exhibit 64**

CARD A

1. NALDECON
2. LIDEX
3. ANUSOL HC
4. MELLARIL
5. CYCLOSPASMOL
6. PAVABID
7. DYAZIDE
8. SERAX
9. MONISTAT - 7
10. PROLOID

**Plaintiff's Exhibit 64**

CARD A

1. PROLOID
2. NALDECON
3. LIDEX
4. ANUSOL HC
5. MELLARIL
6. CYCLOSPASMOL
7. PAVABID
8. DYAZIDE
9. SERAX
10. MONISTAT - 7

**Plaintiff's Exhibit 64**

CARD A

1. MONISTAT - 7
2. PROLOID
3. NALDECON
4. LIDEX
5. ANUSOL HC
6. MELLARIL
7. CYCLOSPASMOL
8. PAVABID
9. DYAZIDE
10. SERAX

**Plaintiff's Exhibit 64**

CARD A

1. SERAX
2. MONISTAT - 7
3. PROLOID
4. NALDECON
5. LIDEX
6. ANUSOL HC
7. MELLARIL
8. CYCLOSPASMOL
9. PAVABID
10. DYAZIDE

**Plaintiff's Exhibit 64**

CARD A

1. DYAZIDE
2. SERAX
3. MONISTAT - 7
4. PROLOID
5. NALDECON
6. LIDEX
7. ANUSOL HC
8. MELLARIL
9. CYCLOSPASMOL
10. PAVABID

**Plaintiff's Exhibit 64**

CARD A

1. RAVABID
2. DYAZIDE
3. SERAX
4. MONISTAT - 7
5. PROLOID
6. NALDECON
7. LIDEX
8. ANUSOL HC
9. MELLARIL
10. CYCLOSPASMOL

PLAINTIFF'S EXHIBIT 65

HMR #X9624

T 2 3 4 5 6 7-0
9-2

PATIENT QUESTIONNAIRE

NAME OF PATIENT: _____ DOCTOR REFERRAL: _____

ADDRESS: _____ APPOINTMENT DATE: _____

_____

TELEPHONE #: _____ RECALL DATE: _____

MALE ( )9-1 FEMALE ( ) -2 CYCLOSPASMOL DOSAGE INDICATED BY DOCTOR: → 200 mg. ( )10-1 400 mg. ( ) -2

Hello, I am _____. I called you earlier about a survey we are conducting. I am with _____. This is my identification card. I will need only a few minutes of your time. In exchange for your help, we are offering you $10.00 which I will leave with you.

1. Did your doctor or his nurse call you about this interview? YES ( ) 11-1 NO ( ) -2 → SKIP TO INSTRUCTION BEFORE Q.2

What did he tell you? _____ 13-

_____ 14-

_____ 15-

_____ 16-

(REMOVE THE 3 PRESCRIPTION BOTTLES FROM YOUR BAG AND PLACE THEM ON A TABLE IN FRONT OF THE RESPONDENT. INDICATE BELOW WHETHER THE BOTTLES YOU ARE USING CONTAIN THE 200 mg. OR THE 400 mg. DOSAGE OF THE CAPSULES:)

200 mg ( )16-1 400 mg ( ) -2

2. Please remove the cap from each bottle and place the cap next to the bottle. (WAIT UNTIL RESPONDENT DOES THIS).

3. Do you recognize the capsules in each of these bottles?

YES ( )17-1
NO ( ) -2 → SKIP TO Q.6

Other Response: _____

4. How do you recognize them: _____ 18-

_____ 19-

_____ 20-

_____ 21-

5. What is the name of the medication: Name: _____ 22-

Don't Know ----------( ) -y

**Plaintiff's Exhibit 65**

(Q.6 & 7 ARE TO BE ASKED ONLY OF THE PATIENTS WHO DID NOT RECOGNIZE THE CAPSULES IN RESPONSE TO Q.3 OR DID NOT FURNISH THE NAME CYCLOSPASMOL IN RESPONSE TO Q.5)

(HAND RESPONDENT CARD B) (INTERVIEWER: PLEASE INDICATE IN THE SPACE PROVIDED, THE NUMBER NEXT TO THE DRUG CYCLOSPASMOL THAT APPEARS ON THE CARD SHOWN RESPONDENT _____ )

6. Do you think the capsules are any of the drugs that are on this list? Do not guess if you do not know.

YES ( )23-1→ASK Q.7
NO ( ) -2 } SKIP TO Q.8a
DON'T KNOW ( ) -3 }

7. Please tell me which drug you think the capsules are?

_____ 24-

8a. Has your doctor ever prescribed CYCLOSPASMOL for you?

YES ( )25-1→SKIP TO INSTRUCTION BEFORE Q.9
NO ( ) -2 } ASK Q.8b
DON'T KNOW ( ) -3 }

8b. (IF THE ANSWER IS NO OR DON'T KNOW - THEN ASK:) Has your doctor ever prescribed medication that looks like this for you?

YES ( )26-1
NO ( ) -2 } SKIP TO Q.15
DON'T KNOW ( ) -3 }

**Plaintiff's Exhibit 65**

I would appreciate it if you would let me see the bottle of the medication your doctor prescribed for you that looks like the medication in the bottles shown to you. (HAVE THE RESPONDENT BRING HIS/HER MEDICATION TO THE TABLE)

9. Is the label on the bottle the same as when you received it from the druggist?

YES ( )27-1
NO ( ) -2

If not, please tell me how it has been changed? _____ 28-
29-
_____ 30-
_____ 31-

10. Are the capsules in the bottle the same ones that were in the bottle when you received it from the druggist?

YES ( )32-1
NO ( ) -2

If not, in what way are they different? _____ 33-
34-
_____ 35-
_____ 36-

11. (RECORD ALL DETAILS ON THE LABEL OF THE RESPONDENT'S BOTTLE)

Pharmacy Name & Address: _____
_____

Name of Patient: _____

Name of Doctor: _____

Date of Prescription: _____ Prescription No.: _____

(COPY HERE ALL OTHER INFORMATION TYPES OR HANDWRITTEN EXACTLY AS IT APPEARS ON THE LABEL:
_____ 37-
_____ 38-
_____ 39-
40-

12. (ASK THE RESPONDENT PERMISSION TO POUR THE CAPSULES ON A PLATE AND EXAMINE THEM. RECORD THE FOLLOWING INFORMATION:)

(a) Is there a name or names printed on the capsules? YES ( )41-1 NO ( ) -2

If so, what are the name or names? _____ 42-
_____ 43-

(b) Is there a number printed on the capsules? YES ( )44-1 NO ( ) -2

(c) What color are the capsules? _____ 45-
46-

(d) Do all of the capsules have the same appearance (e.g. do some have markings, and others none)? YES ( )47-1 NO ( ) -2

If not, what differences in appearance do you note? _____ 48-
49-
_____ 50-
_____ 51-

**Plaintiff's Exhibit 65**

13. How long have you been taking this medication?

_____ 52-
53-
_____ 54-
55-

14. How many capsules do you take every day? _____ 56-

15. How old are you? _____ 57-
58-

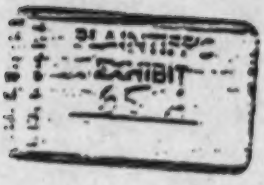
You have been very helpful in answering the questions. To express our appreciation, I would like to offer you $10.00.

Thank you and have a good day.

Interviewer's Name: _____

Date of Interview: _____

**Plaintiff's Exhibit 65**




CARD D

1. CYCLOSPASMOL
2. SERAX
3. MONISTAT - 7
4. PROLOID
5. NALDECON
6. LIDEX
7. ANUSOL HC
8. MELLARIL
9. TELDRIN
10. LOTRIMIN

**Plaintiff's Exhibit 65**

---

CARD B

1. LOTRIMIN
2. CYCLOSPASMOL
3. SERAX
4. MONISTAT - 7
5. PROLOID
6. NALDECON
7. LIDEX
8. ANUSOL HC
9. MELLARIL
10. TELDRIN

**Plaintiff's Exhibit 65**

CARD B

1. TELDRIN
2. LOTRIMIN
3. CYCLOSPASMOL
4. SERAX
5. MONISTAT - 7
6. PROLOID
7. NALDECON
8. LIDEX
9. ANUSOL HC
10. MELLARIL

**Plaintiff's Exhibit 65**

CARD B

1. MELLARIL
2. TELDRIN
3. LOTRIMIN
4. CYCLOSPASMOL
5. SERAX
6. MONISTAT - 7
7. PROLOID
8. NALDECON
9. LIDEX
10. ANUSOL HC

**Plaintiff's Exhibit 65**

CARD P

1. ANUSOL HC
2. MELLARIL
3. TELDRIN
4. LOTRIMIN
5. CYCLOSPASMOL
6. SERAX
7. MONISTAT - 7
8. PROLOID
9. NALDECON
10. LIDEX

**Plaintiff's Exhibit 65**

CARD B

1. LIDEX
2. ANUSOL HC
3. MELLARIL
4. TELDRIN
5. LOTRIMIN
6. CYCLOSPASMOL
7. SERAX
8. MONISTAT - 7
9. PROLOID
10. NALDECON

Plaintiff's Exhibit 65

CARD B

1. NALDECON
2. LIDEX
3. ANUSOL HC
4. MELLARIL
5. TELDRIN
6. LOTRIMIN
7. CYCLOSPASMOL
8. SERAX
9. MONISTAT - 7
10. PROLOID

**Plaintiff's Exhibit 65**

CARD B

1. PROLOID
2. NALDECON
3. LIDEX
4. ANUSOL HC
5. MELLARIL
6. TELDRIN
7. LOTRIMIN
8. CYCLOSPASMOL
9. SERAX
10. MONISTAT - 7

**Plaintiff's Exhibit 65**

CARD B

1. MONISTAT - 7
2. PROLOID
3. NALDECON
4. LIDEX
5. ANUSOL HC
6. MELLARIL
7. TELDRIN
8. LOTRIMIN
9. CYCLOSPASMOL
10. SERAX

**Plaintiff's Exhibit 65**

CARD B

1. SERAX
2. MONISTAT - 7
3. PROLOID
4. NALDECON
5. LIDEX
6. ANUSOL HC
7. MELLARIL
8. TELDRIN
9. LOTRIMIN
10. CYCLOSPASMOL

PLAINTIFF'S EXHIBIT 66

HRR #X9624

ADMINISTRATIVE INSTRUCTIONS

DOCTOR STUDY

Enclosed are the following materials for use on this study:

2 COPIES OF ADMINISTRATIVE INSTRUCTIONS

15 PHYSICIAN SCREENING QUESTIONNAIRES

15 PHYSICIAN QUESTIONNAIRES

15 PATIENT QUESTIONNAIRES

2 INTERVIEWING INSTRUCTIONS

6 VALIDATION SHEETS

1 UNLABELED PLASTIC BOTTLE

3 PLASTIC BOTTLES LABELED CYCLANDELATE 400 mg.

3 PLASTIC BOTTLES LABELED CYCLANDELATE 200 mg.

LISTS OF DOCTORS' NAMES, ADDRESSES AND PHONE NUMBERS

10 VERSIONS CARD A

10 VERSIONS CARD B

Please check the materials right away to make certain you have everything you should have. If anything is missing, call us right away and we will advise you as to how to proceed.

Janet Bernstein
Assistant Field Director
HARRY HELLER RESEARCH CORP.
358 MAIN STREET
PORT WASHINGTON, NY 11050
(516) 883-4521

Best Copy Available

**Plaintiff's Exhibit 66**

BACKGROUND

This is a study to be done with doctors and their patients. The purpose of this study is to elicit from the persons we will be interviewing certain information about drug products.

The study consists of 3 steps.

1. Screening doctors on the phone to set up an appointment with them
2. Interviewing them in their office
3. Obtaining names and addresses of certain patients and going to their homes to interview them

MATERIALS AND PROCEDURE

You have been sent the following materials:

- A list containing doctors names, addresses and phone numbers
- One unlabeled plastic bottle containing 4 different colored capsules, 3 of each of the following colors: all blue, brown/white, blue/red and maroon/white.
- 3 plastic bottles, each one containing red/blue capsules identified on the label as Cyclandelate 400 mg.
- 3 plastic bottles, each one containing blue capsules identified on the label as Cyclandelate 200 mg.

Each doctor sees only the unlabeled plastic bottle containing 3 each of the 4 different colored capsules.

Each patient sees either 3 bottles identified as Cyclandelate 400 mg or 3 bottles identified as Cyclandelate 200 mg. Which ones to show to whom are covered in the interviewer instructions.

It is ESSENTIAL that the interviewer, in the course of screening and interviewing, follow the wording set forth for her and read VERBATIM. This is vital to the success of any study and even a slight deviation could cause tremendous problems. Therefore we cannot repeat enough that proper procedures must be adhered to. We must be secure in the knowledge that this is being done and we rely on you to impress your interviewers of this. The list of doctors should be arranged in clusters as this is most efficient as well as economical. You may want to cluster the lists of doctors names by area for the interviewer or she can cluster them for herself whichever you prefer. By calling several doctors in the same area on a given day, she might be fortunate enough to have 2 or 3 interviews in the same area on one day.

If you have an interviewer who is especially good in doing this type of phone call - you can have her do the calling and another interviewer do the actual personal interview.

Please instruct the interviewer in the things she can and can't do.

She can, if the doctor questions the nature of the study, simply tell him it involves questions about drugs that a doctor prescribes.

She can tell him that she is not selling anything.

She can tell him that she has been interviewing other doctors in the area and would like his cooperation. Maybe he is the type that wants to be one of the crowd.

She can tell him she will pay him what his fee normally is for an office visit.

She can tell him if he asks why the interview can't be done over the phone that she has been instructed to do it in person and her job depends on her following her instructions.

She can if the nurse were to tell her that the doctor can't see her until next week offer the nurse $5.00-$10.00 if she would squeeze her in sooner.

She can't tell the doctor or nurse anything else.

Best Copy Available

**Plaintiff's Exhibit 66**

QUOTA

Your total quota is _____ doctor interviews and _____ patient interviews. Each doctor who completes an interview must come from your list of doctors names and each patient you interview must come from the list of names the doctor or his nurse supply you with.

Not every doctor will give you the names of his patients but hopefully there will be doctors who will give you 2 or 3 names. You can use as many patient interviews from one doctor as he will give you names for. There is no quota of patient interviews per doctor, only overall.

We cannot switch our quota of doctors from one city to another but we can switch our patient quota so if your interviewer finds she is having difficulty obtaining patient names or if she is one of the lucky ones and finds she will have an overabundance of patient names, do let us know and we will see if we can either take some of your patient quota away or if another city is having problems with their quota, add to your patient quota.

GENERAL

At one point during the interview with the patient, the interviewer will ask to see the medication that the doctor prescribed which the patient told her looks like the medication in the bottle shown. If the label on the prescription says Cyclospasmol but the name Ives does not appear on every capsule have the interviewer call you immediately after the patient interview has been completed giving you the patients name, address and phone number and the name of the doctor who prescribed the medication and the name that was on the capsules that was not Ives. You in turn must call us immediately giving us this information. Even if every capsule has the name Ives except one we want to know about it. We are not interested in whether the colors are not the same, only if the name is not Ives.

BRIEFING AND QUALITY CHECK

The interviewer is to be personally briefed. The interview is not difficult but following the proper procedures, reading VERBATIM and not supplying any information other than what we have specified is of the UTMOST IMPORTANCE as previously stated.

Be sure to have them record in ink, not pencil. We know that this is one of the 7 deadly sins of interviewing but for this study it is a requirement.

Please be sure to check the interviews for legibility and for proper probing and completeness. We always emphasize legibility because if the information recorded cannot be deciphered, the work might just as well not have been done. Be sure to stress this in your briefing. Of course, all work should be checked throughout the job to see that quality is maintained.

SCHEDULE AND RETURNING THE WORK

The work is scheduled to begin as soon as you receive these materials. We estimate it should be completed by December 15th at the latest. If you cannot keep to this schedule please let us know.

Because time is so crucial to this study, whenever you have 3 or 4 interviews send them to us. However we are relying on you to use your good judgement. If having the interviewer make a trip into your office to bring you work upsets her schedule and would prevent her from keeping an appointment - we will wait another day for the interviews. You cannot send us any doctor interviews until you are completely finished with them. By this we mean if you have to call the doctors office again to obtain the names of his patients, please hold onto that interview. The only doctors interviews you can send us are those where the doctor won't give you any names or those that already have given you the names. Of course you can send us patient interviews at any time you complete them. Send the work via Federal Express Priority #1, collect and bill it to our number which is 117-0373-8. In the space provided for reference number please be sure to fill in our job #X9624.

Please staple the screener to the doctor questionnaire.

Best Copy Available

**Plaintiff's Exhibit 66**

VALIDATION

Use the forms we have supplied – a separate one for the doctors and one for the patients. Don't hold the work or the forms for validation. Do make duplicate copies of the forms and send us a copy with the last of the work.

For your validation, use lines A and D only. Use A first and then D if you find A insufficient. Of course, list every completed interview.

Please record name, address and phone number, date of interview and length of interview.

Be sure the interviewer's name is indicated at the top of the form and that city, state and our job number 19624 is also filled in.

Please validate 2 interviews from each quota (doctors and patients).

If there are any discrepancies, let us know right away.

Validate the procedural things such as seeing capsules and being asked to identify them.

REPORTS

Everyone connected with this study will be anxiously awaiting the results. After 2 full days in the field please call us with a report of your progress; appointments made, doctor interviewers completed, patient interviews completed (and/or appointments set up), as well as any problems you may wish to discuss.

We appreciate your efforts in getting this challenging job done correctly and speedily.

IMPORTANT

Card A is the card shown to the doctors and Card B is the one shown to the patients. There are 10 versions for doctors and 10 versions for patients. The purpose being to affect a rotation of the products listed to prevent an order bias. Each doctor sees only one version of Card A and each patient sees only one version of Card B.

We must know in what position Cyclospasmol appeared on the card each respondent used (Doctor and Patient). There is a space provided on the doctor section the patient interview for you to put this number in. The number you are to write in is the number that is printed next to the product Cyclospasmol.

In your city, start with the card that has Cyclospasmol on your list.

Best Copy Available

# PLAINTIFF'S EXHIBIT 67

HMR #X9624

## INTERVIEWING INSTRUCTIONS

## DOCTOR STUDY

### BACKGROUND

The purpose of this study is to elicit from the persons we will be interviewing, certain information about drug products.

This will be done in 3 steps.

1. Calling doctors to set up appointments
2. Doing the personal interview with doctor's who agreed to participate
3. Obtaining names of patients from these doctors to interview these patients in their home

### GENERAL PROCEDURE FOR THE QUESTIONNAIRE

Everything must be recorded in ink, not pencil.

Be sure to read each question to a respondent exactly as it is written. Do not change any words and do not paraphrase. Questions should be asked in the order they appear on the questionnaire. There should not be any explanation, interpretations or additions to a question. If a respondent does not understand a question, merely re-read it. Do not explain it.

Do not speculate about any of the answers with any respondent, nor give any hints or suggest that you have any idea whether a respondent's answer is right or wrong. This is not a test and indeed there are no right or wrong answers. Nor are there any expected answers. A "don't know" is a perfectly acceptable answer, so no respondent should be forced to guess.

Please be as full and accurate as possible in recording respondents' answers to the questions in this questionnaire. If necessary, use the back of a page for writing out answers that are so lengthy that you do not have enough room in the space provided under any question. If a respondent wants to change any answer, never cross out or erase. Simply record the new answer in detail at the place in the questionnaire where the respondent mentions it. Again, use the reverse side of the page, if necessary.

We must be secure in the knowledge that our instructions are being followed to the letter.

TO AID YOU IN TALKING TO RESPONDENTS, CYCLOSPASMOL IS PRONOUNCED CY-CLO-SPAZ-MOL.

### SCREENING QUESTIONNAIRES

You have been given a list of doctors with their addresses and telephone numbers and a "Physician Screening Questionnaire". Please telephone each doctor on your list and make an appointment to interview him or her. If you need to make notes (concerning when to call back, etc.) write them on your list along side his name. In telephoning you MUST use only the procedures set forth in the "Physician Screening Questionnaire". This is VERY IMPORTANT. You can mention "up front" that you will pay him his normal office visit fee.

Your screening questionnaires tell you what to say if the doctor inquires about the nature of the research. In addition you can say that other doctors have been interviewed and you would like to have his cooperation as well.

In the event the doctor tells you to ask his nurse about an appointment and she says she can't fit you in this week you can tell her you will make it worth her while if she would try harder to fit you in. You may offer her $5.00-$10.00 for doing this.

Your persuasive powers are all important at this point. We know how difficult it is to get past a nurse or convince a busy doctor that he has time to see you but we have tried to make your job easier by being able to offer him his regular office fee.



PLAINTIFF'S EXHIBIT 67

**Plaintiff's Exhibit 67**

SUPERVISOR QUESTIONNAIRE

Reintroduce yourself to the doctor.

Q1 & 2 These are simple and straightforward questions. Simply check them one at a time. For Q2 ask the doctor for his best estimate if he can not tell you exactly what percent of his patients are male or female. Do not permit him to give a range of figures.

Q3 - 7 These questions are very important. This is where you show the doctor the capsules that are in the actual 50 capsule bottles. These must not be shown to the doctor on a desk or table. If he says he does not recognize any of them, skip to Q8. If he says that he does recognize them, ask Q.5 - 7. Q5 is asked in relation to his answers in Q4. Thoroughly probe any vague references to shape, size, appearance, etc.

If respondent said yes in Q4, recognized either the all blue or blue/red in Q5 or said Cyclospasmol in Q7 skip to Q10. All others ask Q8.

Q8 Hand the respondent Card A. You must show a different version of this card to each doctor you interview taking care you note in the space provided the number that is printed next to the product Cyclospasmol on the Card he sees.

If the answer is "yes" ask Q9. If it is "no",skip to Q10.

Q9 You may have more than one answer here.

Q10 This is a very important question. If the doctor says "no" skip to the last page and thank him for his help. If he says "yes" ask Q11 and 12 and record in the appropriate box.

Q13 This question is very critical to the study. It is where you ask the doctor the names of his patients for whom he prescribes Cyclospasmol. Be sure to read the explanation VERBATIM from the questionnaire. DO NOT change any words and do not paraphrase. As you can see, once again your persuasive powers are all important. It is very important that we obtain as many patient names from as many doctors as we can because you are sure to find 1 or 2 doctors who are unable to or will not give you any names at all.

Q14 Although it is important that every answer be recorded, please be especially careful in this question that the physician does not omit giving information about the dosage prescribed for each patient named.

If a physician cannot supply you with names and dosage forms prescribed for each patient at the time of the interview, please arrange to telephone his office for the list at a given time either later in the same day or on the next day. Indicate on the questionnaire that the information as to names and dosages was not obtained during the interview, but by telephone afterwards and record (1) the date when the names and dosages were obtained and (2) the identity of the persons who gave the information to you by telephone.

Thank the doctor for his help and cooperation. Give him and/or his nurse the few requested, indicating the amount on the last page of the questionnaire. Sign your full name, no initials and the date of the interview. Indicate the date of callback for patient names and the name of the person giving the names where necessary.

PATIENT INFORMATION

During patient interviews, you will need only a Patient Questionnaire and a set of either the three bottles of 200 mg. or a set of three bottles of 400 mg. cyclandelate. You must be very careful that the set shown the patient is not mixed, with some 400 mg. and some 200 mg. bottles. In determing which set to use with a given patient, select that dosage (200 mg. or 400 mg.) which the physician has indicated he or she has prescribed for that patient (Physician's Questionnaire Q12).

Some of the patients interviewed may be very elderly and/or disoriented. If the patient appears incoherent or unable to understand the questions, terminate the interview and note the reasons for termination on the Questionnaire.

Fill in all required information at the top of the patient questionnaire, making sure to indicate the Cyclospasmol dosage indicated by the doctor.

Best Copy Available

**Plaintiff's Exhibit 67**

Q1 "X" the proper box. The answer to this question could very well be "no". If so, skip to the instructions before Q2. If the answer is "yes" recite exactly what the patient was told, pausing to make sure the patient tells you anything and everything at all that he remembers about this.

Now you remove from your bag the 3 prescription bottles and place them before the respondent. Please be sure to indicate the appropriate design (each the bottles you are using) the bottle has a white cap, the second bottle has a brown cap and the third has a white and green cap.

Q2 The respondent is to remove the cap from each of the 3 bottles himself and place it next to the bottle. If he can't figure out how to open it you may assist him.

Q3 If the respondent does not recognize the capsules X the box next to "no" and skip to Q6a. If he does, X the "yes" box and ask Q4.

Q4 This is asked in relation to his answer to Q3. We want to know how he recognizes them, color, shape, whatever.

Q5 Record the name of the medication. A "don't know" is an acceptable answer to.

If a respondent did not recognize the capsules in response to Q3 or if did not furnish the name Cyclospasmol in response to Q5 ask Q6. All others skip to Q8a.

Q6 Hand the respondent Card B. You must show a different version of this card to each patient you interview making sure you note in the space provided the number that is printed next to the product Cyclospasmol on the card he sees. If the answer is "yes" ask Q7. All others skip to Q8a.

Q7 Record whatever the respondent tells you.

Q8a&8b These are simple and straightforward questions. Simply take them one at a time and follow the skip.

Ask the respondent to show you his bottle of medication that is like the medication you've shown him.

If the patient expresses concern that the medication is being inspected because there is something wrong with it, please reassure the patient that we merely want to record what is on the label and what markings are on the capsule, and that this does not mean there are any quality problems.

Q9 & 10 "X" one answer for each of these questions. Be sure to find out how it was changed or in what way they are different if the answer is "no" for either or both questions. Specifics are very important.

Q11 This question requires that you record all the information shown on the label of the bottle containing the patient's medication. Be sure the information you record is complete as called for on the questionnaire.

Q12 It is not necessary for you to handle the capsules in order to look at them as instructed. These capsule bottles usually have white plugs. Simply turn the bottle on its side and jiggle the capsules around so that you can see if there is a name printed on the capsule. Ask if you may pour them on a plate and afterwards the respondent can put them back in the bottle.

If the name Cyclospasmol appears on the label of any of his medication but the capsules in the bottle do not have the name IVES imprinted on them, count how many capsules are like this and call your supervisor immediately after the interview with the patient has been completed. Do this even if only one or two of the capsules do not have the name IVES on them. We must know if all the capsules bear the same name or no name.

Record all the information asked for leaving nothing unanswered.

Q13 Try to get the patient to answer this question to the best of his ability. Record everything he says.

Q14 Record the amount taken daily.

Q15 Record his answer and thank him for his time. You must print and sign your full name, not initials and record the date of the interview.



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**Plaintiff's Exhibit 67**

Note that the General Procedure for the doctor interview applies to the patient interview too so be sure to review it carefully.

If you run into a problem for which we have not provided instructions do not attempt to solve it yourself. Do CALL your supervisor and she in turn will call us. We do not want ANYONE making their own decisions.

We have used the gender "him" when referring to a doctor or a patient for easier reference. Of course, you could be talking to either a male or female.

Thank you for your cooperation in this.

Best Copy Available

**Plaintiff's Exhibit 67**

ADDENDUM

In Q.9 of the Physician's Questionnaire be sure to write in the name he gave the capsule and the number that appears next to the name on the card. If he said All Blue, what name did he give it? If he said Blue/Red, what name did he give it?

PLAINTIFF'S EXHIBIT 82000

**Plaintiff's Exhibit 82000**

FRED'S DRUGS
**Full Name of Pharmacy**

204-9 Hillside Av.
**Street Address**

Hollis, NY. 11423
**City and State**

Nov. 17-1979
**Date of Shop**

9:40 Am
**Time of Shop**

CARL KITTELBERGER
**Shopper's Name Printed**

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

   Yes ✓

   No _____

   Other comments This is the generic

2. After you leave the pharmacy:

   a. Do not open the container. Seal the top with tape and initial the tape.

   b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

   _____

   _____

   _____

79

PLAINTIFF'S EXHIBIT 82000

Carl Kittelberger
**Shopper's Signature**

**Plaintiff's Exhibit 82000**

Free Delivery • Open 7 Days

# FRANHILL DRUGS INC.

204-19 HILLSIDE AVE. HOLLIS, N. Y. 11423

HO 5-2121

SOLD BY DATE 11/17 1975

CUSTOMER [illegible] SPENCER

55-06 24 ST

| QTY. | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| | 6 TOY 441 | | 5 41 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | TOTAL | | |

PLATPAKIT BY MOORE BUSINESS FORMS, INC.

109902

**Plaintiff's Exhibit 82000**

TEL. DEwly 9-1877

REG. NO. 118048
SNDD AR 6784838

CARMELO C. RUIZ, M. D.

1497 OCEAN PARKWAY CORNER AVE. G BROOKLYN, N. Y. 11230

OFFICE HOURS: BY APPOINTMENT

NAME Kay Brady AGE

ADDRESS DATE

℞

Cyclosporine
200 mg
# 60
1 qid

Dispense as Written

Substitution Permissible

This prescription will be filled generically unless the physician signs on the line stating "Dispense as Written".

May Be Repeated.....Times

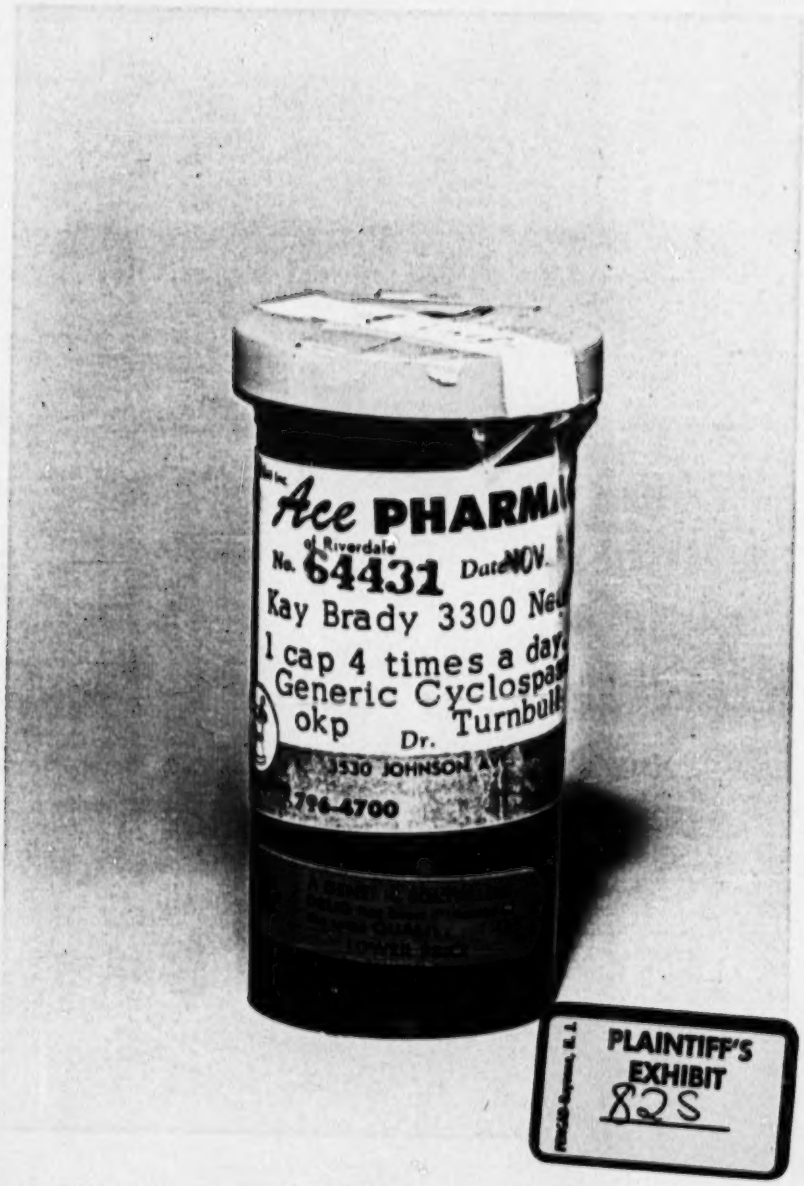
11/17/89

Hamhill Drugs Inc.
204-19 - Hillside Ave
Hollis, N.Y. 11423

℞ 5 ≈

Carl Kittelberger

**PLAINTIFF'S EXHIBIT 82S**



**Plaintiff's Exhibit 82S**

ACE
Full Name of Pharmacy

11/12/74
Date of Shop

3530 JOHNSON Ave.
Street Address

Time of Shop

RIVERDALE N.Y. 10463
City and State

SANDER ELSNER
Shopper's Name Printed

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

   Yes _____

   No _____

   Other comments Generic was dispensed

2. After you leave the pharmacy:

   a. Do not open the container. Seal the top with tape and initial the tape.

   b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

PLAINTIFF'S EXHIBIT 82S

Shopper's Signature

Plaintiff's Exhibit 82S

R2::

S. NEIER, R. S.

# ACE PHARMACY

OF RIVERDALE, INC.

3530 JOHNSON AVENUE - BRONX, N. Y. 10463

Tel. 796-4700

DATE 12-12 19 77

M Kay Brady

1 X 64431 2.00

Mevacor

Capsules

Dr Turnbull

Bud

**Plaintiff's Exhibit 82S**

TELEPHONE: 798-9583

LIC. NO. 75183
RNDD REG. NO. AT 1132725

Rudolph Turnbull, M. D.

OFFICE HOURS:
DAILY 12-2 & 5-8 P. M.
NO HOURS WEDNESDAY
SATURDAY 12-2 ONLY

1170 EAST 229TH STREET
BRONX, N. Y. 10466

NAME Kay Brelp AGE 41 Y

ADDRESS 3 Ave Nathaniel Cir DATE 10/30/71

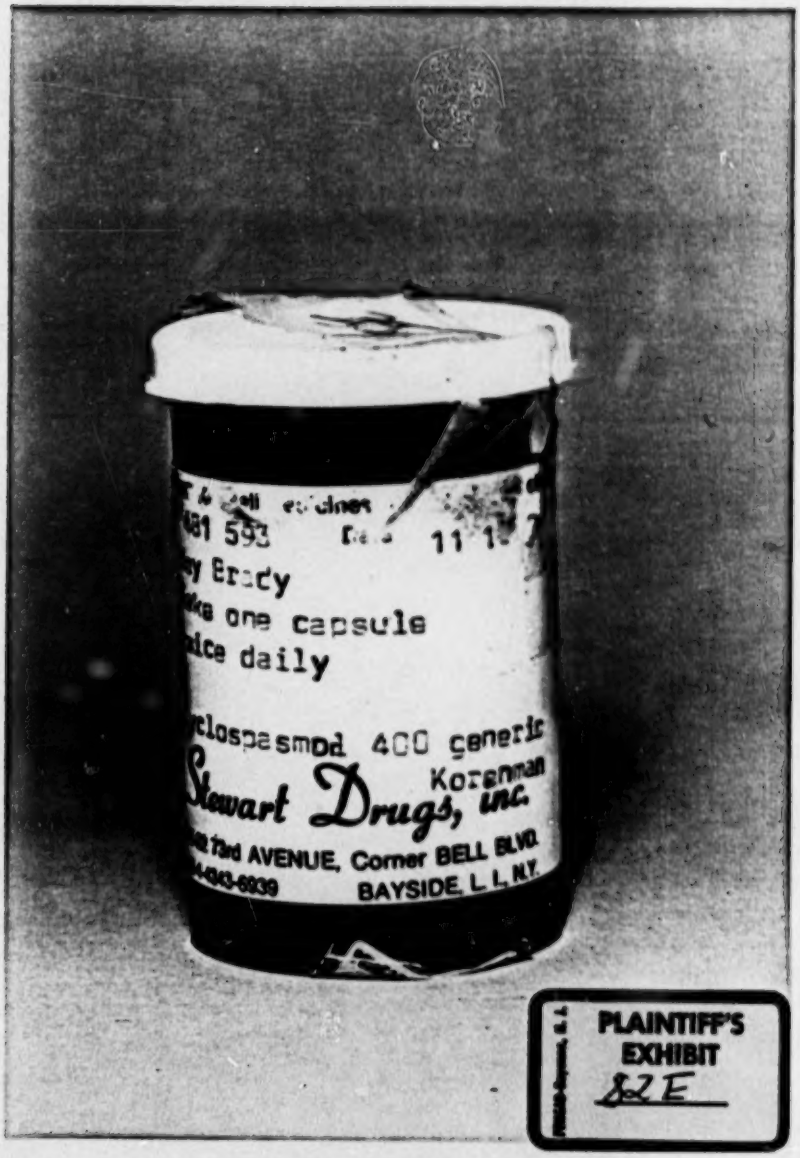
℞ (illegible)

DISPENSE AS WRITTEN — M. D. — SUBSTITUTION PERMISSIBLE — M. D.

This prescription will be filled generically unless the physician signs on the line stating "Dispense as Written."

REPETATUR ( ) TIMES NON REPETATUR

**PLAINTIFF'S EXHIBIT 82E**



**Plaintiff's Exhibit 82E**

STEWART Drugs, Inc.
Full Name of Pharmacy

215-27 [illegible] Ave.
Street Address

Bayside, L.I. N.Y. 11364
City and State

11/10/78
Date of Shop

2:30
Time of Shop

SANDRA EISENBERG
Shopper's Name Printed

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes _____

No L

Other comments Pharm. Rx - Out of Stock
Asked to come back Tues.

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

b. Place the taped container, the receipt for purchase received fro n the pharmacy and a photocopy of the doctor's prescription in this envelcpe and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

_____

_____

_____

PLAINTIFF'S EXHIBIT 82E

Shopper's Signature

**Plaintiff's Exhibit 82E**

**CERTIFIED RECEIPT**

Date ..... 197..

B No. 48153 $ 2.45

B No. ..... $ .....

B No. ..... $ .....

B No. ..... $ .....

B No. ..... $ .....

Total $ .....

For King Bed

.....

Dr. .....

**STEWART DRUGS, Inc.**
215-22 73rd AVENUE
BAYSIDE, L.I., N. Y. 11364
HOllis 4-4343-6939

STEWART DRUGS, Inc.
215-22 73RD Ave.
BAYSIDE, L.I. N.Y.
11364

**Plaintiff's Exhibit 82E**

661-7922 BNDD No. AK180-491

GARY KORENMAN, M.D., P.C.
(NEUROLOGY)
799 PARK AVENUE NEW YORK, N.Y. 10021

NAME Kay Brady AGE adult

ADDRESS 307 Prospect Ct. NK 11/5/79

℞

Cyclogesmal 4%

#60

TID

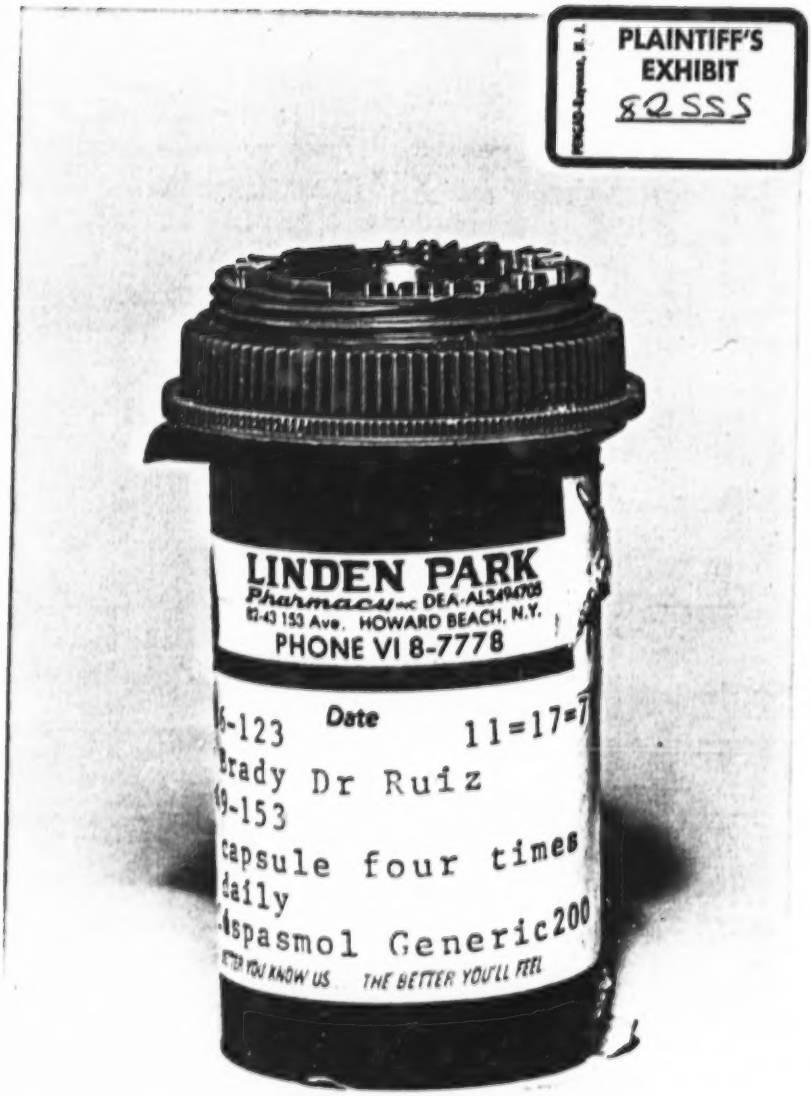
REFILL 0 1 2 3 4 5 6

DISPENSE AS WRITTEN

SUBSTITUTION PERMISSIBLE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS THE PHYSICIAN SIGNS ON THE LINE STATING DISPENSE AS WRITTEN

**PLAINTIFF'S EXHIBIT 82SSS**



Plaintiff's Exhibit 82SSS

Linden Park Pharmacy
Full Name of Pharmacy

8243 - 153 Ave
Street Address

Howard Beach, N.Y. 1414
City and State

Nov. 17. 1979
Date of Shop

3:30 PM
Time of Shop

CARL KITTELBERGER
Shopper's Name Printed

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes ✓

No _____

Other comments That's it

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

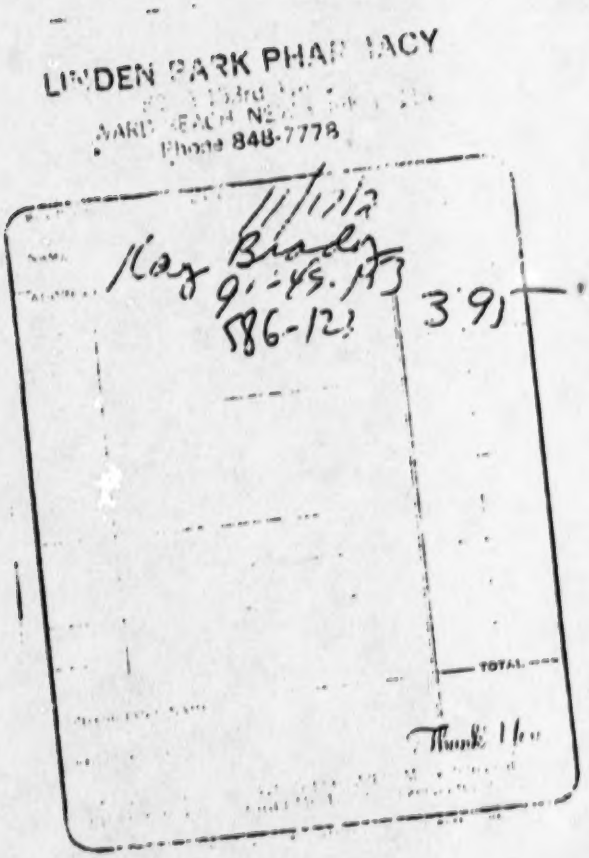
b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

PLAINTIFF'S EXHIBIT 82SSS

Carl Kittelberger
Shopper's Signature

**Plaintiff's Exhibit 82SSS**



**Plaintiff's Exhibit 82SSS**

2/79

Jamaica Park Pharmacy
243-153rd Ave
Howard Beach, NY 11414

5

Dr. Kittelberger

TEL. DEWEY 9-1877 REG. NO. 118048
SNOD AR 6784828

CARMELO C. RUIZ, M. D.
1497 OCEAN PARKWAY CORNER AVE. O BROOKLYN, N. Y. 11230
OFFICE HOURS: BY APPOINTMENT

NAME BRENDA SEGLER AGE

ADDRESS DATE

℞

Cyclosporine 400 g

#. 60

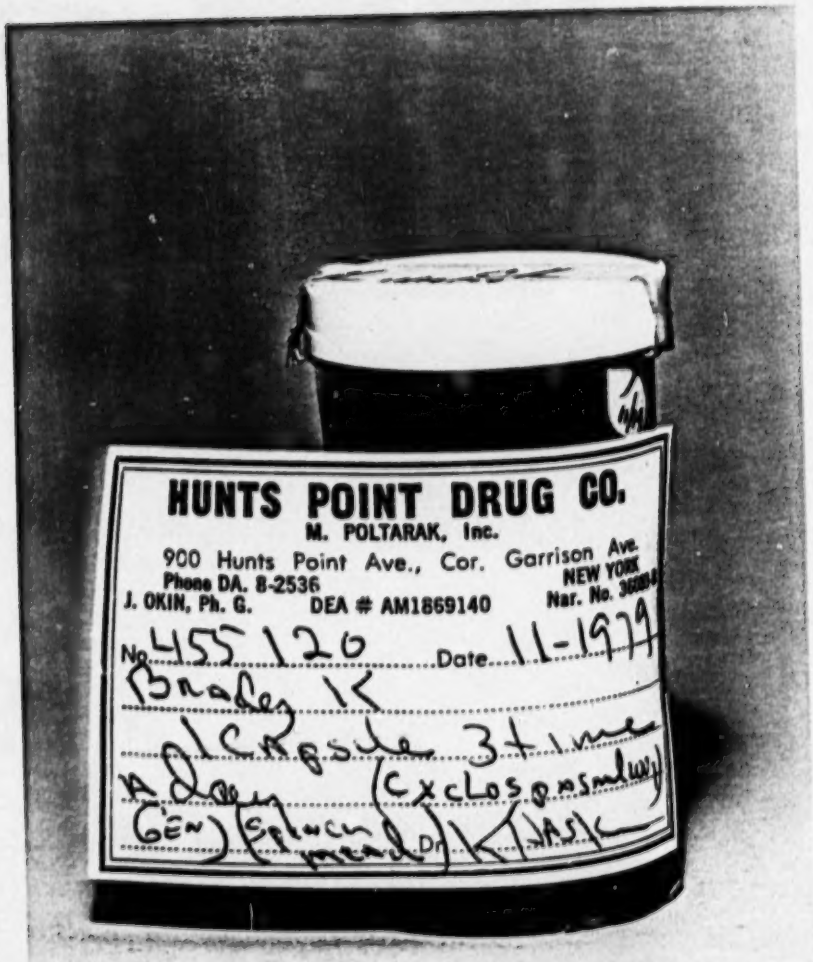
1 - Orig.

Dispense as Written Substitution Permissible

This prescription will be filled generically unless the physician signs on the line stating "Dispense as Written".

May be Repeated ..... Times

**PLAINTIFF'S EXHIBIT 82TTT**




PLAINTIFF'S EXHIBIT 82TTT

Plaintiff's Exhibit 82TTT

Hunts Point Drug Co
Full Name of Pharmacy

900 Hunts Point Av
Street Address

Bronx NY 10474
City and State

Nov 19, 1979
Date of Shop

11:40 Am
Time of Shop

CARL KIELBERGER
Shopper's Name Printed

1. After the pharmacist has filled and given you the prescription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes ✓

No _____

Other comments Estimated Price for you - you save 2.00 or more.

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

PLAINTIFF'S EXHIBIT 82 TTT

Carl Kielberger
Shopper's Signature

82

Best Copy Available

Plaintiff's Exhibit 82TTT

STATEMENT OF ACCOUNT WITH

# HUNTS POINT DRUG CO.

M. POLTARAK, Inc. J. OXIN, Ph. G.

900 Hunts Point Ave., Cor. Garrison Ave. Phone DA. 8-2536

NEW YORK, N. Y., 11-19 19 79

K. Bradley

2552 Martha Ave

Rx 455120 $3.60

cyclandelate 200 tid

Paid

11-19-79

Hunts Point Drug Co.

Hunts Point Ave

Bronx, NY 10474

Rx

Kutelberg

710a .

**Plaintiff's Exhibit 82TTT**

Tel 988-9515 Reg No 123134

ALBERT KHASKI, M.D.

11 EAST 68th STREET NEW YORK, NEW YORK 10021

NAME Tony Bradley AGE Adult

ADDRESS DATE 11/19/79

Rx Seldane 200 mg 100

tid

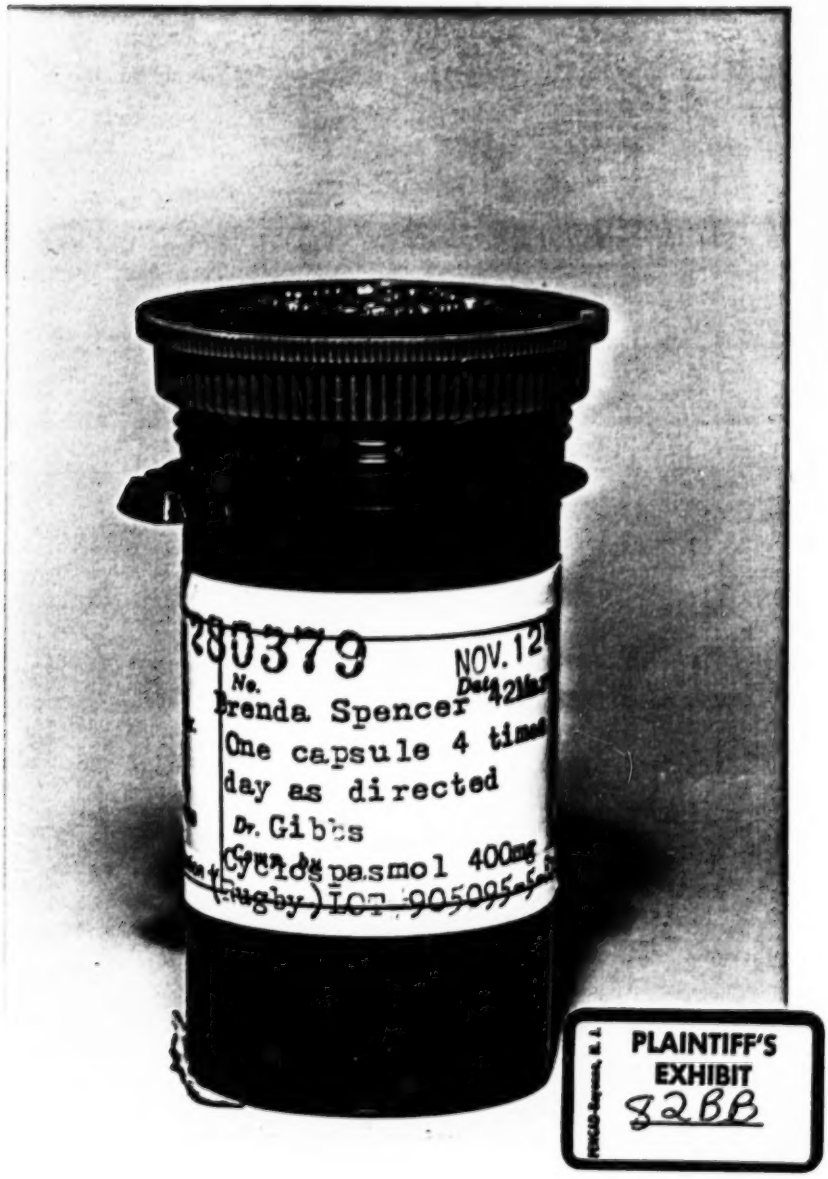
#30

Dr. Khaski ACL 6W3466

DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS DOCTOR SIGNS ON LINE STATING DISPENSE AS WRITTEN

**PLAINTIFF'S EXHIBIT 82BB**



Plaintiff's Exhibit 82BB

ARKAY
Full Name of Pharmacy

11/12/79
Date of Shop

140 DYCKMAN ST.
Street Address

Time of Shop

N.Y. 10040
City and State

SANDOR FEINBERG
Shopper's Name Printed

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes _____

No _____ Rx

Other comments GENERIC WAS GIVEN DUE TO LOWER COST.

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

PLAINTIFF'S EXHIBIT 82BB

Shopper's Signature

**Plaintiff's Exhibit 82BB**

Patient.....
Address.....
Apartment.....
Doctor.....
Time Rec'd.....
Promised.....
Price.....
Call.....
Deliver.....
Paid.....

**№ 26968**

**Plaintiff's Exhibit 82BB**

**FRANTZ GIBBS, M.D.**

2070 Grand Concourse
Bronx, New York 10457 Tel: (212) 731-5347

NAME Brenda Shuree AGE

ADDRESS 42 Macy St Bx DATE 10.29.99

℞ *This prescription will be filled generically unless physician signs on line stating "dispense as written".*

Cyclosporine 100mg #60

REFILL:
1 2 3 4 5 NR
☐ ☐ ☐ ☐ ☐ ☐

DISPENSE AS WRITTEN M.D. SUBSTITUTION PERMISSIBLE M.D.

DEA/REG No. [illegible] PRINT NAME M.D.

Plaintiff's Exhibit 82A

DRUG Co. Inc

Full Name of Pharmacy: Drug Fair

Date of Shop: 12/2/75

Street Address: 117 Broadway Ave

Time of Shop: 11:55

City and State: Valley Stream L.I.

Shopper's Name Printed: Gordon Ellenbogen

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes ✓

No _____

Other comments Discussed Generic Cyclandelate

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

b. Place the taped container, the receipt for purchase received from the pharmacy, and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below.

Cyclospa is 3 times more expensive than generic

PLAINTIFF'S EXHIBIT 82A

Shopper's Signature

77

**Plaintiff's Exhibit 82A**

RECEIPT

FOR PRESCRIBED MEDICINES

ORSO DRUG CO. INC.

E. HAUPTMAN Pharmacist

117 ROCKAWAY AVENUE

VALLEY STREAM, L. I., N. Y.

FREE DELIVERY - VA 3-0071

Save For Your Tax Records

Keep for Six Years or More

For Brenda Spencer

Address

Doctor

Rx No. 630012 Price 5.45

Rx No. Price

Price

Price

SALES TAX (If Any)

Date 12/2/79 Total 5.45

Signed J. Klemca

JAMAICA 1 N.Y.C.D.E.T. N. Y.

**Plaintiff's Exhibit 82A**

MOHAWK 9-3420 REG. NO. AN0772512

K. CALVIN NICHOLAS, M.D., P.C.

91 LITTLE EAST NECK RD. S. BABYLON, NEW YORK 11702

NAME Brenda Spencer AGE

ADDRESS DATE 11-15-79

℞

Cyclospasmol
400 mg
#60

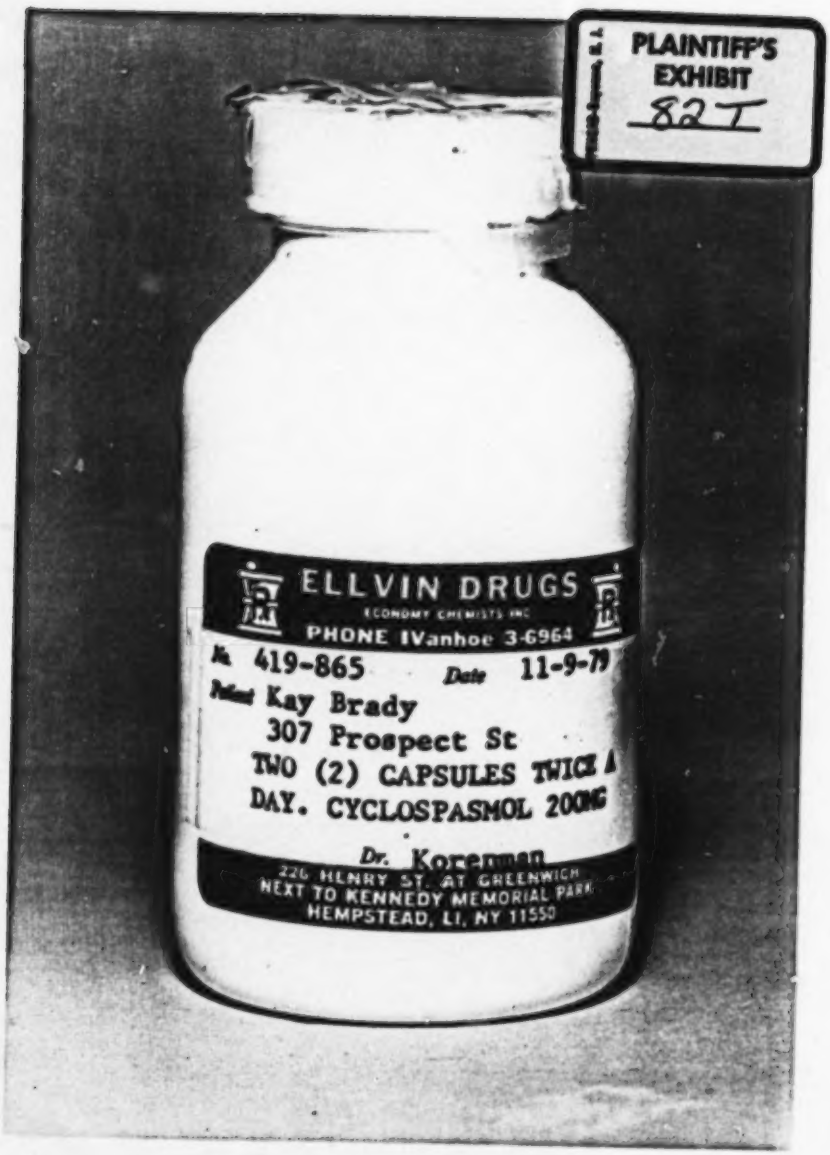
1 B.I.D.

REFILL 5X Nicholas

DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PRESCRIBER SIGNS ON THE LINE STATING "DISPENSE AS WRITTEN."

**PLAINTIFF'S EXHIBIT 82T**



Plaintiff's Exhibit 82T

Ellin Drugs — 11/9/09
Full Name of Pharmacy — Date of Shop

226 Henry St. — 4:15
Street Address — Time of Shop

Hempstead, L.I. N.Y. 11550 — Sandor Fuenberg
City and State — Shopper's Name Printed

1. After the pharmacist has filled and given you the prescription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes _____

No _____

Other comments _____

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

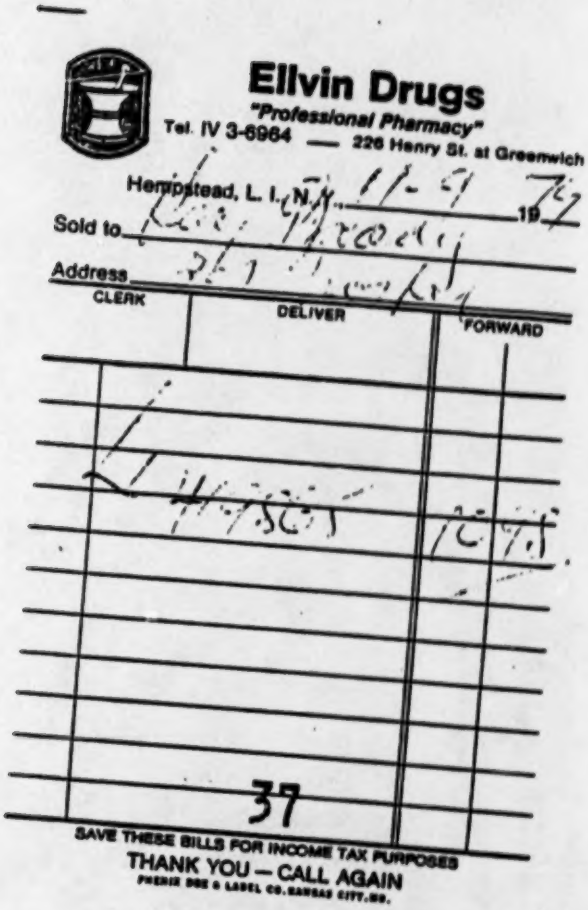
3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

He informed me that Cyclospasmol did not come in 400mg. He said he gave me a generic of 200mg to be taken according to label see label

PLAINTIFF'S EXHIBIT

Shopper's Signature

**Plaintiff's Exhibit 82T**



**Ellvin Drugs**

"Professional Pharmacy"

Tel. IV 3-6964 — 226 Henry St. at Greenwich

Hempstead, L. I., N. Y. 11-9 19 72

Sold to

Address

| CLERK | DELIVER | FORWARD |
|---|---|---|
| | | |

37

SAVE THESE BILLS FOR INCOME TAX PURPOSES

THANK YOU — CALL AGAIN

PHERIS DOS & LABEL CO. KANSAS CITY, MO.

**Plaintiff's Exhibit 82T**

861-7922

BNDD NO. AK1801491

GARY KORENMAN, M.D., P.C.
(NEUROLOGY)

799 PARK AVENUE

NEW YORK, N. Y. 10021

NAME Kay Brady AGE adult

ADDRESS 307 Prospect Great Neck DATE 11/5/79

℞

Cyclogyl 1%

#60

ℸ BID

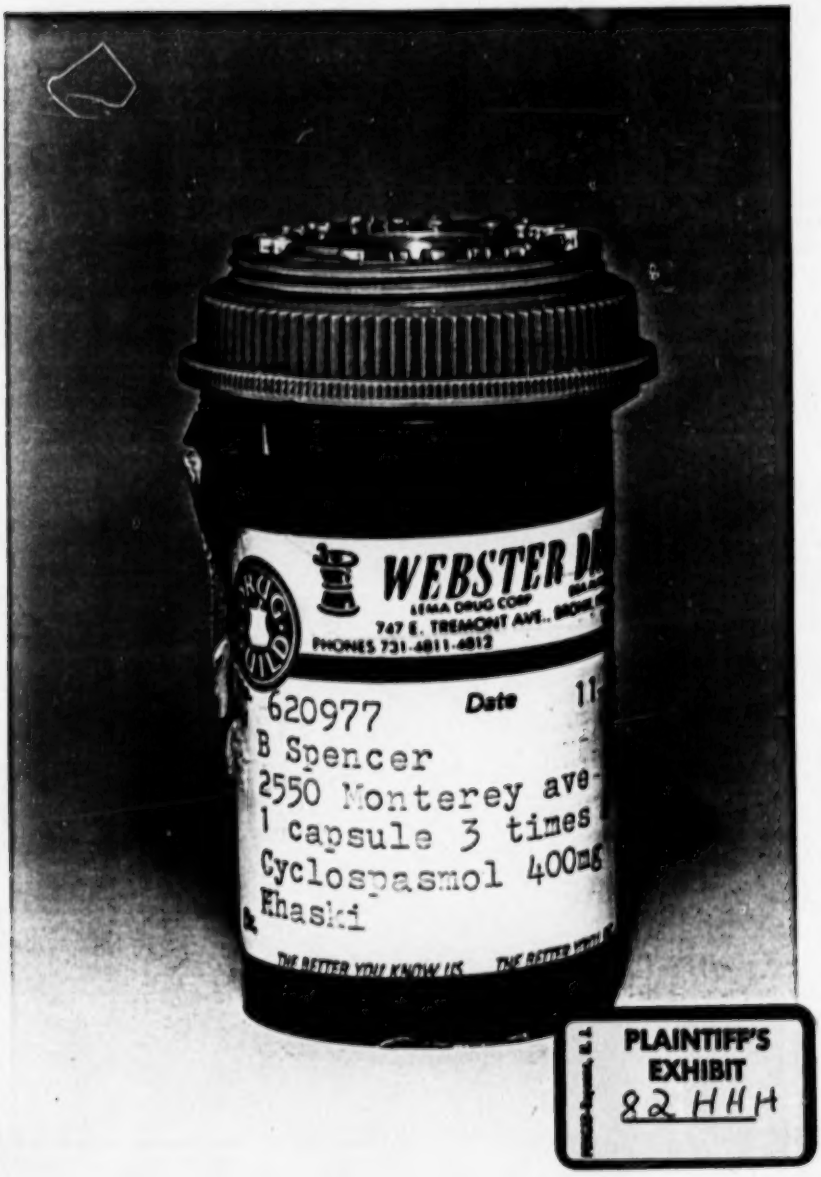
REFILL 0 1 2 3 4 5 6

DISPENSE AS WRITTEN

SUBSTITUTION PERMISSIBLE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS THE PHYSICIAN SIGNS ON THE LINE STATING DISPENSE AS WRITTEN

**PLAINTIFF'S EXHIBIT 82HHH**



**Plaintiff's Exhibit 82HHH**

WEBSTER Pharmacy (Corp) — Full Name of Pharmacy

Nov. 19. 1979 — Date of Shop

703 E. TREMONT AV. — Street Address

11:05 AM — Time of Shop

BRONX NY 10457 — City and State

CARL KITTENBERGER — Shopper's Name Printed

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

   Yes ✓

   No _____

   Other comments _____

2. After you leave the pharmacy:

   a. Do not open the container. Seal the top with tape and initial the tape.

   b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below: _____

PLAINTIFF'S EXHIBIT 82 HHH

Carl Kittenberger

Shopper's Signature

**Plaintiff's Exhibit 82HHH**

**Webster Drugs & Cosmetics**
"Open Every Day of the Year"
747 EAST TREMONT AVENUE - BRONX, N.Y. 10457
Phone: 731-4811

DATE 11-19-1979

M [illegible]

ADDRESS

| | | | |
|---|---|---|---|
| | [illegible] | $ | 25 |
| | | | |
| | | $ | 25 |

OVER ONE MILLION PRESCRIPTIONS FILLED

11/19/79
Webster Drugs (Cosmo Drug Corp)
747 E. Tremont Ave
Bronx, NY 10457

$ 25
Jane Kittelberger

Tel. 988-9515 Reg. No. 123134

ALBERT KHASKI, M.D.

11 EAST 68th STREET NEW YORK, NEW YORK 10021

NAME Mrs Brenda Spencer AGE Adult

ADDRESS _____ DATE 11/19/79

℞

Sclerosamol 400 mg tid
#30 —

Albert Khaski MD 645665

DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS DOCTOR SIGNS ON LINE STATING DISPENSE AS WRITTEN

**PLAINTIFF'S EXHIBIT 82DDD**

(ORIGINAL EXHIBIT LOST BY
COURT OF APPEALS)

Plaintiff's Exhibit 82DDD

(Hyatt Drug) — Full Name of Pharmacy

Dec 10, 1979 — Date of Shop

109-11 Washington Ave. — Street Address

1:20 PM — Time of Shop

Endicott N.Y. — City and State

Alcone B. Paske — Shopper's Name Printed

1. After the pharmacist has filled and given you the presecription, ask him or her if he (she) carries generic cyclandelate in the same dosage form as called for in the prescription.

Yes ✓ Pharmacist told Pat he will be in with the generic drug

No _____

Other comments _____

2. After you leave the pharmacy:

a. Do not open the container. Seal the top with tape and initial the tape.

b. Place the taped container, the receipt for purchase received from the pharmacy and a photocopy of the doctor's prescription in this envelope and seal it closed.

3. If the pharmacist had any discussion with you concerning the prescription other than that recorded in (1) above, record the contents of the conversation below:

_____

_____

_____

PLAINTIFF'S EXHIBIT 82 DDD

Alcone B. Paske

Shopper's Signature 18

80

OFFICIAL RECEIPT
FOR PRESCRIPTION SERVICES

**LUIZZI PHARMACY, INC.**
V. N. Luizzi, Ph. G.
109 Washington Avenue
Endicott, N. Y.
785-5451

Senior Citizen Discount

**Save for Your Tax Records**

For Brenda Spencer
Address
Doctor
℞ No 205633 Price 4.25
℞ No Price
℞ No Price
Price
Price
Date 12/20/79 Sales Tax
Total
Signed

OFFICE HOURS
BY APPOINTMENT ONLY

MICHAEL P. RIZZUTO, M.D., P.C.
Practice Limited to Surgery
609 E. Main Street
Endicott, New York

NYS NO AM 019282
PHONE 785-3553

Patient's Name Brenda Spencer Age 16

Address Date

℞

Cyclogyral 400 mg #40
sig: 1 - B.I.D.

MAY BE REFILLED ___ TIMES
AS REQUESTED ☐
NON. REP. ☐

THIS PRESCRIPTION WILL BE FILLED GENERICALLY UNLESS PHYSICIAN SIGNS ON LINE STATING "DISPENSE AS WRITTEN."

M.D. M.P. Rizzuto M.D. M.D.
Dispense as written
Substitution permissable

Plaintiff's Exhibit 82DDD
728a

**PLAINTIFF'S EXHIBIT 90**

PLAINTIFF'S EXHIBIT 92

GEORGIA MEDICAL ASSISTANCE DRUG LIST
ALPHABETICAL SECTION

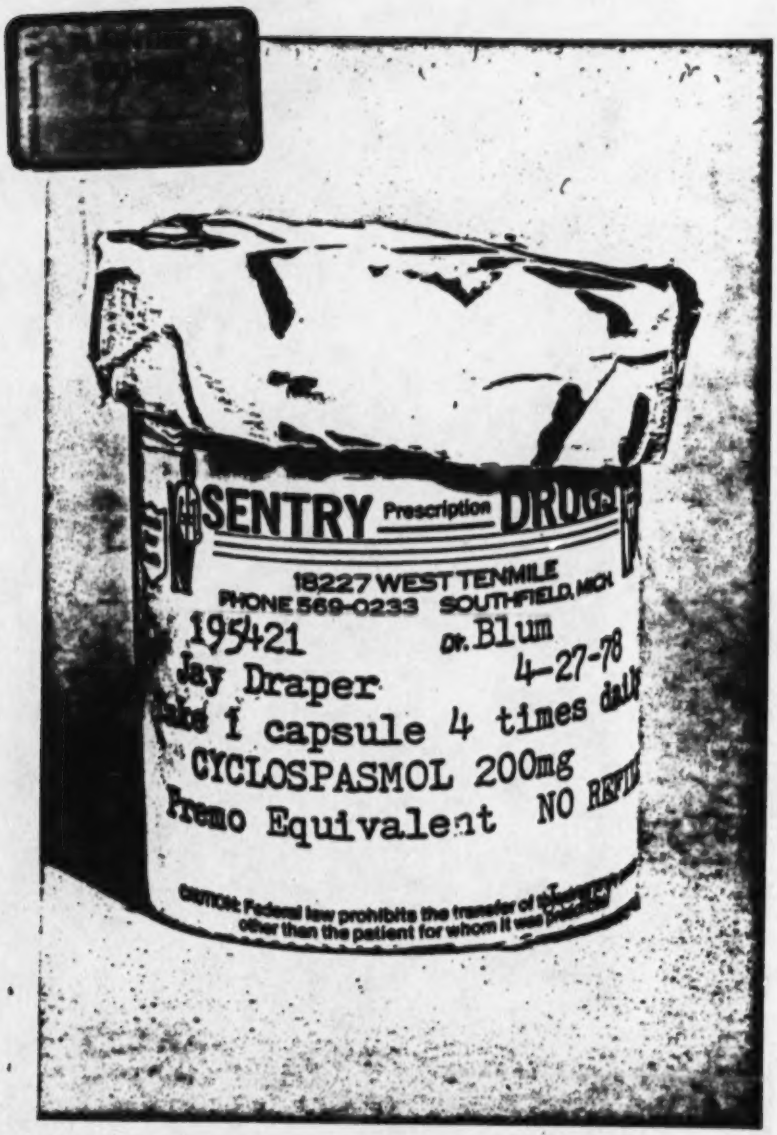
| | | | PKG SIZE | BU | MADL |
|---|---|---|---|---|---|
| CYCLOPAR | | (PARKE, DAVIS) | | | |
| 0071-0407-04 | CAP 250MG | | 100 | TB | AP21 |
| 0071-0697-04 | CAPS 500MG | | 100 | TB | AP22 |
| CYCLOSPASMOL | | (IVES) | | | |
| 0082-4120-01 | TAB 100MG | | 100 | TB | AP26 |
| 0082-4120-02 | TAB 100MG | | 500 | TB | AP27 |
| 0082-4124-01 | CAP 200MG | | 100 | TB | AP24 |
| 0082-4124-02 | CAP 200MG | | 500 | TB | AP23 |
| 0082-4124-04 | CAP 200MG | | 1000 | TB | AP25 |
| 0082-4148-01 | CAP 400MG | | 60 | TB | EP24 |
| 0082-4148-02 | CAP 400MG | | 500 | TB | EP45 |
| CYDEL | | (W E HAUCK) | | | |
| 3797-0037-03 | CAP 200MG | | 100 | TB | FA26 |
| 3797-0037-06 | CAP 200MG | | 1000 | TB | FA27 |
| CYLERT | | (ABBOTT) | | | |
| 0074-6073-13 | TAB 75MG | | 100 | TB | FJ76 |
| 0074-6057-13 | TAB 37.5MG | | 100 | TB | FJ75 |
| 0074-6025-13 | TAB 18.75MG | | 100 | TB | FJ73 |
| CYLERT CHEW | | (ABBOTT) | | | |
| 0074-6088-13 | TAB 37.5MG | | 100 | TB | FJ74 |
| CYSTOSPAZ | | (CONAL) | | | |
| 0061-2225-10 | TABS | | 100 | TB | AP29 |
| CYSTOSPAZ | | (WILLIAM A. WEBSTER) | | | |
| 0059-2225-10 | TAB 0.15MG | | 100 | TB | AP28 |
| CYSTOSPAZ-SR | | (CONAL) | | | |
| 0061-2250-10 | CAPS | | 100 | TB | AP31 |
| CYSTOSPAZ-SR | | (WILLIAM A. WEBSTER) | | | |
| 0059-2250-10 | CAPS | | 100 | TB | AP32 |
| CYTELLIN | | (LILLY) | | | |
| 0002-0W48-05 | SUSP | | PT | OZ | AP33 |
| CYTOLEN | | (LEN-TAG CO.) | | | |
| 0315-0000-00 | TAB 0.1 MG/TAB | | 2000 | TB | FG96 |
| CYTOMEL | | (SMITH KLINE AND FRENCH) | | | |
| 0007-0014-20 | TABS 5MCG | | 100 | TB | AP36 |
| 0007-0016-20 | TABS 25MCG | | 100 | TB | AP35 |
| 0007-0016-30 | TABS 25MCG | | 1000 | TB | AP34 |
| 0007-0017-20 | TABS 50MCG | | 100 | TB | AP37 |
| CYTOXAN | | (MEAD JOHNSON) | | | |
| 0087-0504-01 | TAB 25 MG | | 100 | TB | AP38 |
| 0087-0503-01 | TAB 50MG | | 100 | TB | AP41 |
| 0087-0503-02 | TAB 50MG | | 1000 | TB | AP39 |
| 0087-0500-01 | VIALS 100MG/10ML | | 1 | AM | FD72 |
| 0087-0501-01 | VIALS 200MG/20ML | | 1 | AM | FD73 |
| 0087-0502-01 | VIALS 500MG/30ML | | 1 | AM | FD74 |

Plaintiff's Exhibit 92

GEORGIA MEDICAL ASSISTANCE DRUG LIST
ALPHABETICAL SECTION

| | | PKG SIZE | BU | MAI |
|---|---|---|---|---|
| CYANOCOBALAMIN | (WILLIAM S. MERRELL CO.) | | | |
| 0068-0818-61 | VIAL 1000MCG/CC | 10ML | VI | AN9 |
| CYANOCOBALAMIN | (ZENMER) | | | |
| 0133-0119-82 | VIAL 1000MCG/CC | 10CC | VI | DG1 |
| CYANOCOBALAMIN | (ZENMER CO) | | | |
| 0133-0118-82 | VIALS 100MCG/ML 10ML EA | 1 | AM | FE7 |
| CYANTIN | (LEDERLE LABORATORIES) | | | |
| 0005-5212-23 | TABS 50MG | 100 | TB | AN9 |
| 0005-5214-34 | TABS 50MG | 1000 | TB | AP1 |
| 0005-5213-23 | TABS 100MG | 100 | TB | AP1 |
| 0005-5215-34 | TABS 100MG | 1000 | TB | AP1 |
| CYCLAMYCIN | (WYETH LABORATORIES) | | | |
| 0008-0222-02 | CAP 250MG | 36 | TB | AP1 |
| CYCLANDELATE | (ECONO-RX) | | | |
| 1233-6060-01 | CAP 200MG | 100 | TB | FT4 |
| 1233-6060-10 | CAP 200MG | 1000 | TB | FT4 |
| 1233-6061-10 | CAP 400MG | 100 | TB | FT4 |
| 1233-6061-10 | CAP 400MG | 1000 | TB | FT4 |
| CYCLANDELATE | (GENEVA GENERICS) | | | |
| 0781-2668-01 | CAP 200MG | 100 | TB | FT4 |
| 0781-2668-10 | CAP 200MG | 1000 | TB | FT4 |
| 0781-2670-01 | CAP 400MG | 100 | TB | FT4 |
| CYCLANDELATE | (SPENCER MEAD) | | | |
| 0537-6053-01 | CAP 200MG | 100 | TB | ES8 |
| 0537-6053-10 | CAP 200MG | 1000 | TB | ES8 |
| CYCLOGESTERIN | (THE UPJOHN COMPANY) | | | |
| 0009-0016-01 | TABS | 15 | TB | AP1 |
| CYCLOGYC OPTH | (ALCON) | | | |
| 0065-0393-02 | SOL 2% W/DROPPER | 2CC | EA | ED2 |
| CYCLOGYL | (ALCON) | | | |
| 0065-0391-15 | OPHT SOL 1% | 15CC | EA | AP16 |
| 0065-0393-07 | OPHT SOL 2% | 7.5CC | EA | AP18 |
| 0065-0390-15 | OPHT SOL 0.5% | 15CC | EA | AP17 |
| CYCLOGYL OPHT | (ALCON) | | | |
| 0065-0391-02 | SOL 1% W/DROPPER | 2CC | EA | ED24 |
| CYCLOMYDRIL | (ALCON) | | | |
| 0065-0358-75 | OPHT SOL | 7.5CC | EA | AP19 |
| CYCLOMYDRIL OPHT | (ALCON) | | | |
| 0065-0358-02 | SOL W/DROPPER | 2CC | EA | ED25 |
| CYCLOPAR | (PARKE-DAVIS) | | | |
| 0071-0407-32 | CAP 250MG | 1000 | TB | FT51 |

PLAINTIFF'S EXHIBIT 95



**Plaintiff's Exhibit 95**

DR. DAVID BLUM
Foot Specialist - X-Ray Physiotherapy
15311 WEST McNICHOLS AVE.
DETROIT 35, MICHIGAN

Phone 272-4884

Office Hours Daily, Except Thurs.
By Appointment Only

NAME Jay Draper AGE

ADDRESS DATE 4-27-78.

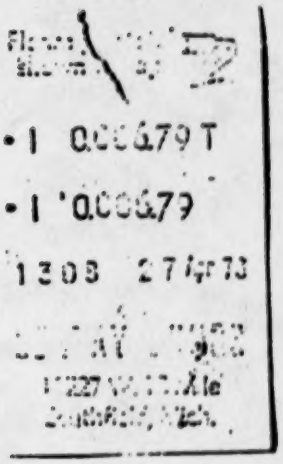
℞ Cyclosporinal 200 mg
#60
Sig: 1 Cap q i.d.

___NON-REPETATUR
___REPETATUR SEMEL
___REPETATUR BIS.
___REPETATUR EX PRAECEPTO

BHDD REGISTRATION NUMBER
AB3047758

REG. No. Harold Blum DPM D.S.C.

**Plaintiff's Exhibit 95**



| DATE | DOCTOR | PRESCRIPTION NUMBER | PATIENT | AMOUNT |
|---|---|---|---|---|
| 4/27/73 | Blum | 19542 | J. Draper | 679 |

RETAIN THIS RECEIPT FOR PROOF OF MEDICAL EXPENSE

**SENTRY DRUGS**

*Prescriptions*

"Guards Your Health-Guards Your Dollars"

STORE NO.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | |

PLAINTIFF'S EXHIBIT 95-A

Plaintiff's Exhibit 95

# SHOPPING REPORT

PHARMACY Sentry Presc. Drugs CITY Southfield

ADDRESS 18227 W. 10 mile STATE Michigan ZIP 48075

*LOCATION: 1 2 3 4 X 5 TYPE: SK K NK

DATE: 4/27/78 TIME: 2:00 Pm NO. CLERKS 3 NO. CUST. 10

| DESCRIPTION OF PHARMACIST: | DESCRIPTION OF CLERK: |
|---|---|
| M X F AGE 28 HAIR Brown | M F X AGE 19 HAIR Brown |
| WEIGHT 155 HEIGHT 5'11 | WEIGHT 130 HEIGHT 5'4 |
| GLASSES no MUSTACHE yes | GLASSES — MUSTACHE — |
| OTHER CHARACTERISTICS Name: Jerry | OTHER CHARACTERISTICS — |

TELEPHONE LOC. Behind Counter USED BY PHARMACIST No

RX. DEPT. LOC. in Back NO. OF R.PH. IN RX. DEPT. 1

I handed the Clerk-Pharmacist a prescription dated 4/27/78 made out to Jay Draper for Cyclospasmol 200 mg caps by Doctor David Blum D.P.M.

CONVERSATION:

SHOPPER - ~~CLERK-R.PH.~~ asked if cash payment, Zip address

~~CLERK~~ - CLERK-R.PH.

SHOPPER - CLERK-R.PH.

I paid the clerk-pharmacist $ 6.79 and received a container containing Cyclandelate 200 mg. The container bore a label with the pharmacy name and address as above. Rx number 195471.

Directions: Take 1 cap 4 times daily

DOCTOR: David Blum, D.P.M. DATED: 4/27/78

I have identified the purchase by writing my name, the name and address of the pharmacy, time, date and price of purchase on ~~the manufacturer's container~~. I sealed the container ~~with my initials~~ in an envelope

DATE ~~Received~~ Submitted.

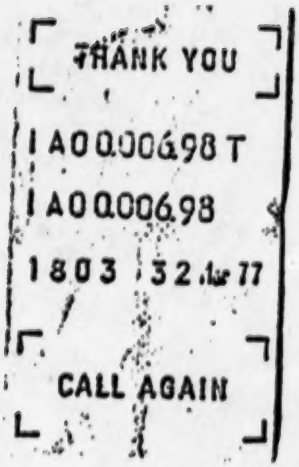
REGISTERED NO.:

DATE RECEIVED ~~by mail~~ by mail. SIGNATURE Jay Draper
(Mail Delivery or Shopper Delivery) SHOPPER

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center

PLAINTIFF'S EXHIBIT 96

**Plaintiff's Exhibit 96**




Sparta EX 1 (1D)
4/27/78
DHD

**Plaintiff's Exhibit 96**

BRENTWOOD MEDICAL CENTER

18937 VAN DYKE AVENUE DETROIT, MICHIGAN 48234

HENRY C. BORIS D.O. AB 3037028 PHONE: 368-1280

PATIENTS NAME Jay W. Draser AGE

ADDRESS 7141 Shenandoah DATE 3/22/78

℞ Cyclospasmol 200 mg

#60

Label: Take cap i t.i.d

MEDICAID ID # 1254179

N.R. [ ] REFILL ____ TIMES . Henry C. Boris D.O.

Plaintiff's Exhibit 96

SHOPPING REPORT

PHARMACY MeRRill Phar. CITY Detroit

ADDRESS 15500 Puritan STATE Mich. ZIP _____

*LOCATION: 1 _ 2 _ 3 _ 4 X 5 _ TYPE: SK _ K _ NK _

DATE: 3/22/78 TIME: 4:30 pm NO. CLERKS 2 NO. CUST. 15

| DESCRIPTION OF PHARMACIST: | DESCRIPTION OF CLERK: |
|---|---|
| M X F _ AGE 30 HAIR Curly Black | M _ F X AGE 47 HAIR Black |
| WEIGHT 180 HEIGHT 5'11" | WEIGHT ~~120~~ 120 HEIGHT 5'3" |
| GLASSES NO MUSTACHE No | GLASSES NO MUSTACHE _____ |
| OTHER CHARACTERISTICS — | OTHER CHARACTERISTICS _____ |

TELEPHONE LOC. BACK USED BY PHARMACIST NO

RX. DEPT. LOC. BACK NO. OF R.PH. IN RX. DEPT. 2

I handed the Clerk-Pharmacist a prescription dated 3/22/78 made out to Jay Draper for Cyclospasmol 200 mg by Doctor Boris.

CONVERSATION:

SHOPPER - ~~CLERK-R.PH.~~ None

~~SHOPPER~~ - CLERK-R.PH. None

SHOPPER - CLERK-R.PH. None ASKED for phone NO.

I paid the clerk-pharmacist $6.98 and received a container containing ~~Cyclospasmol~~ Cyc. The container bore a label with the pharmacy name and address as above. Rx number B272 457

Directions: One cap T.I.D.

DOCTOR: Boris DATED: 3/22/78

I have identified the purchase by writing my name, the name and address of the pharmacy, time, date and price of purchase ~~on the container~~. I sealed the container ~~with my initials~~ in an envelope

DATE ~~Mailed~~ Submitted.

REGISTERED NO.: _____

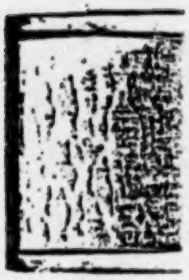
DATE RECEIVED ~~by Mail~~ by Dept. SIGNATURE Shirley Larin SHOPPER

(Mail Delivery or Shopper Delivery) Jay Draper WITNESS

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center
3 - Low Income Residential Area
(4) - Middle Income Residential Area

PLAINTIFF'S EXHIBIT 97

**Plaintiff's Exhibit 97**



DONALD BOXMAN, D.O. - DIPLOMATE, AMERICAN OSTEOPATHIC BOARD OF GENERAL PRACTICE
AB 2726707

DAVID S. ROSENBERG, D.O.
AR 6133970

FARMINGTON CLINIC, P.C.
24300 ORCHARD LAKE ROAD
FARMINGTON, MICHIGAN 48024
TELEPHONE 474-5601

NAME Jay Draper AGE

ADDRESS DATE 4-21-78

℞ Cyclospasmol 400mg. #36
Sig: 1 bid

LABEL

Donald Boxman D.O.

NON-REF _____ REFILL _____ TIMES

**Plaintiff's Exhibit 97**

| 4/24/76 | Bateman | 510866 | Drayer | 440 |
|---|---|---|---|---|
| DATE | DOCTOR | PRESCRIPTION NUMBER | PATIENT | AMOUNT |

RETAIN THIS RECEIPT FOR PROOF OF MEDICAL EXPENSE

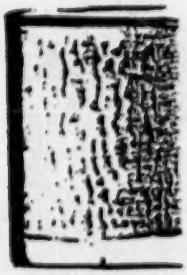
**SENTRY DRUGS**

*Prescriptions*

"Guards Your Health-Guards Your Dollars"

STORE NO.

1 2 3 4 5 6 7
8 9 10 11 12 13 14
15 16 17 18 19 20



Plaintiff's Exhibit 97

# SHOPPING REPORT

PHARMACY Sentry Prescrip. Drugs CITY Taylor

ADDRESS 22385 Ecorse Rd STATE Mich. ZIP 48180

*LOCATION: 1 2 3 4 X 5 TYPE: SK K NK

DATE: 4/24/78 TIME: 11:30 Am NO. CLERKS 2 NO. CUST. 3

| DESCRIPTION OF PHARMACIST: | DESCRIPTION OF CLERK: |
|---|---|
| M X F AGE 40 HAIR Black | M F X AGE 45 HAIR Gray |
| WEIGHT 175 lbs HEIGHT 5'11" | WEIGHT 140 lbs HEIGHT 5'4" |
| GLASSES no MUSTACHE No | GLASSES yes MUSTACHE — |
| OTHER CHARACTERISTICS long Sideburns | OTHER CHARACTERISTICS — |

TELEPHONE LOC. Behind counter USED BY PHARMACIST no

RX. DEPT. LOC. Back of store NO. OF R.PH. IN RX. DEPT. 2

I handed the Clerk-Pharmacist a prescription dated 4/21/78 made out to Jay Draper for Cyclospasmol 400 mg by Doctor D. Boxman, D.O.

CONVERSATION:

SHOPPER - ~~CLERK~~ Clerk. Asked address; insurance, etc.

~~SHOPPER~~ - CLERK-R.PH.

SHOPPER - CLERK-R.PH.

I paid the clerk-pharmacist $4.40 and received a container containi Cyclandelate. The container bore a label with the pharmacy name and address as above. Rx number 510866

Directions: One Capsule 2 times a Day

DOCTOR: D. Boxman, D.O. DATED: 4/24/78

I have identified the purchase by writing my name, the name and addre of the pharmacy, time, date and price of purchase on ~~the name tag of the customer~~. I sealed the container ~~with my initials~~ in an envelope

DATE ~~Submitted~~ Submitted.

REGISTERED NO.: _____

DATE RECEIVED ~~by mail~~ by mail. SIGNATURE _____ SHOPPER
(Mail Delivery or Shopper Delivery)

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center
3 - Low Income Residential Area

PLAINTIFF'S EXHIBIT 97 FTD

Plaintiff's Exhibit 98

**FARMINGTON MEDICAL CENTER, P. C.**
OSTEOPATHIC PHYSICIANS AND SURGEONS
29838 ORCHARD LAKE ROAD AT 13 MILE ROAD
OFFICE PHONE MA 6-7544 FARMINGTON, MICHIGAN
OFFICE HOURS: MON. THRU FRI. 9:00-7:00. SAT. 9:00-2:00

ALBERT J. SCARCHILLI, D.O. AS-3059480
PAUL A. PARENTE, D.O. AP-2766981

FOR Jay Draper DATE 4/24/78

ADDRESS

℞ LABEL

Cyclopentolate 4 drops
#30

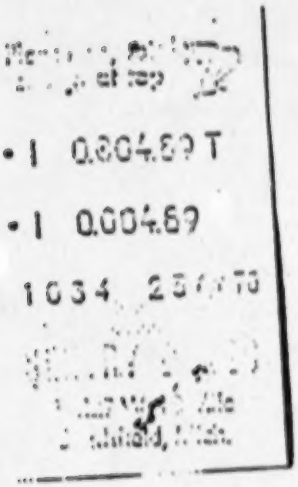
Sig ~ b.i.d

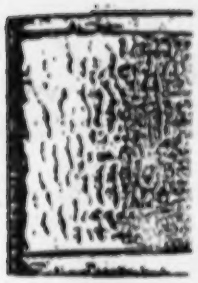
N. R. ☐
REFILL ____ TIMES

JOHN S. PHARMACY 31511 13 MILE NR ORCHARD LAKE RD. 553-3900

A. Scarchilli D. O.

**Plaintiff's Exhibit 98**





| DATE | DOCTOR | PRESCRIPTION NUMBER | PATIENT | AMOUNT |
|---|---|---|---|---|
| 4/25/ | Scarchilli | 195313 | Draper | 4.89 |

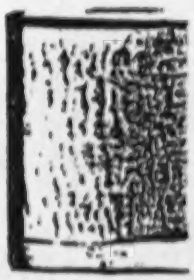
RETAIN THIS RECEIPT FOR PROOF OF MEDICAL EXPENSE

**SENTRY- DRUGS**

*Prescriptions*

"Guards Your Health-Guards Your Dollars"

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| STORE NO. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| | 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| | 15 | 16 | 17 | 18 | 19 | 20 | |



Plaintiff's Exhibit 98

# SHOPPING REPORT

PHARMACY Sentry Drugs · CITY Southfield

ADDRESS 18227 W. 10 mile STATE Michigan ZIP 48075

*LOCATION: 1__ 2__ 3__ 4X 5__ TYPE: SK__ K__ NK__

DATE: 4/25/78 TIME: 12:15pm NO. CLERKS 1 NO. CUST. 4

| DESCRIPTION OF PHARMACIST: | | DESCRIPTION OF CLERK: | |
|---|---|---|---|
| M X F__ | AGE 28 | M__ F X | AGE 19 |
| HAIR Lt. Brown | | HAIR Lt. Brown | |
| WEIGHT 155 | HEIGHT 5'11" | WEIGHT 150 | HEIGHT 5'3" |
| GLASSES no | MUSTACHE yes | GLASSES no | MUSTACHE — |
| OTHER CHARACTERISTICS thin | | OTHER CHARACTERISTICS none | |
| name was Jerry | | | |

TELEPHONE LOC. in Back USED BY PHARMACIST no

RX. DEPT. LOC. Back of store NO. OF R.PH. IN RX. DEPT. 1

I handed the Clerk-Pharmacist a prescription dated 4/24/78 made ou

to Jay Draper for Cyclospasmol 400 mg

by Doctor A. Scarchilli, D.O.

CONVERSATION:

SHOPPER - ~~CLERK~~ clerk. How to spell last name; address

~~SHOPPER~~ - CLERK-R.PH.

SHOPPER - CLERK-R.PH. none.

I paid the clerk-pharmacist $ 4.89 and received a container contain

cyclandelate 400 mg. The container bore a label wit

the pharmacy name and address as above. Rx number 195313

Directions: One capsule twice daily

DOCTOR: A. Scarchilli. DATED: 4/25/78

I have identified the purchase by writing my name, the name and addr of the pharmacy, time, date and price of purchase ~~on the label of the~~ ~~container~~. I sealed the container ~~with the~~ in an envelope

DATE ~~RECEIVED~~ submitted.

REGISTERED NO.: _____

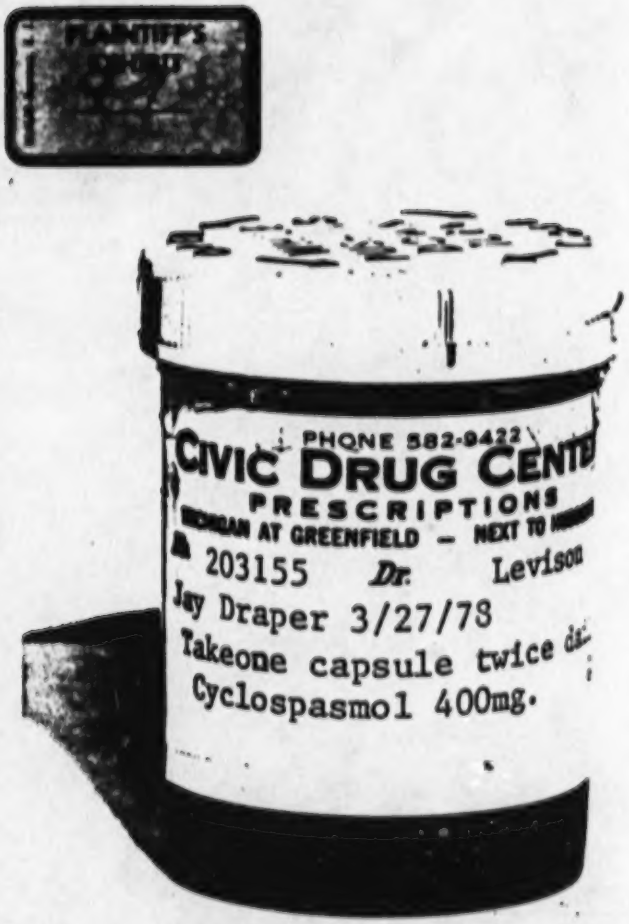
DATE RECEIVED ~~by~~ by Mail. SIGNATURE

(Mail Delivery or Shopper Delivery)

*Location: 1 - Downtown Business District

PLAINTIFF'S EXHIBIT 98

PLAINTIFF'S EXHIBIT 99



**Plaintiff's Exhibit 99**

ASSOCIATED INTERNISTS, P.C.
STANLEY H. LEVY, M.D., F.A.C.N.M.
DAVID M. JACOBS, M.D.
GERALD J. LEVINSON, D.O.-Cardiology
DIPLOMATES OF AMERICAN BOARD OF INTERNAL MEDICINE

10661 WEST SEVEN MILE ROAD
DETROIT MICHIGAN 48221
UNIVERSITY 1-7353
LINCOLN 7-0514

NAME Jerry Rogers

ADDRESS 7411 Littlemarsh DATE 3/27/72

℞

Cyclosporin 100 mg #30

Sig: 1 t.i.d.

| BNDD REG. NO. | MEDICAID NO. |
|---|---|
| AL 3069 | 1114329 |
| AJ 2764 | 1114336 |
| AL 3119 | 1187915 |

Gerald Levinson M.D.

LABEL PRODUCTS

751a
Plaintiff's Exhibit 99

SHOPPING REPORT

PHARMACY CIVIC DRUG CENTER CITY DEARBORN

ADDRESS 15305 MICHIGAN AVE. STATE MICHIGAN ZIP 481 WAYNE COUNTY

*LOCATION: 1 2X 3 4 5 TYPE: SK K NK

DATE: 3/27/78 TIME: 4:00 P.M. NO. CLERKS 5 NO. CUST. 6

DESCRIPTION OF PHARMACIST:

M X F AGE 30 HAIR SANDY

WEIGHT 169 HEIGHT [redacted]6'

GLASSES NO MUSTACHE X

OTHER CHARACTERISTICS AND BEARD

DESCRIPTION OF CLERK:

M F X AGE 25 HAIR BLOND

WEIGHT 130 HEIGHT 5'3"

GLASSES NO MUSTACHE —

OTHER CHARACTERISTICS —

TELEPHONE LOC. BACK OF COUNTER USED BY PHARMACIST NO

RX. DEPT. LOC. BACK OF STORE NO. OF R.PH. IN RX. DEPT. 2

I handed the Clerk-Pharmacist a prescription dated 3/27/78 made out to J.A.Y.W. DRAPER for CYCLOSPASMOL 400 MG

by Doctor GERALD LEVINSON, D.O.

CONVERSATION:

SHOPPER - [redacted] PLEASE FILL THIS

[redacted] - CLERK-R.PH. DO YOU HAVE INSURANCE?

SHOPPER - CLERK-R.PH. NO. I'LL PAY CASH (NOTHING ELSE SAID)

I paid the clerk-pharmacist $3.99 and received a container containing 30 CAPS. The container bore a label with the pharmacy name and address as above. Rx number 203155

Directions: TAKE ONE CAPSULE TWICE DAILY - CYCLOSPASMOL 400 MG.

DOCTOR: LEVINSON (PHARMACIST MISPRONOUNCED NAME - LEVISON) DATED: 3/27/78

I have identified the purchase by writing my name, the name and addr of the pharmacy, time, date and price of purchase on [redacted] the container in an envelope

DATE Submitted.

REGISTERED NO.:

DATE RECEIVED [redacted] by Pickett. SIGNATURE

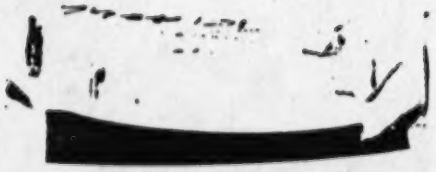
(Mail Delivery or Shopper Delivery)

Jay Draper
23907 Pickett
Farmington, MI 48024
Phone: 313-477-2270

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center
3 - Low Income Residential Area
4 - Middle Income Residential Area

Witness [redacted] Steve.

**PLAINTIFF'S EXHIBIT 100**



LOCUST 3-4860
LOCUST 3-4861

pickwick PHARMACY

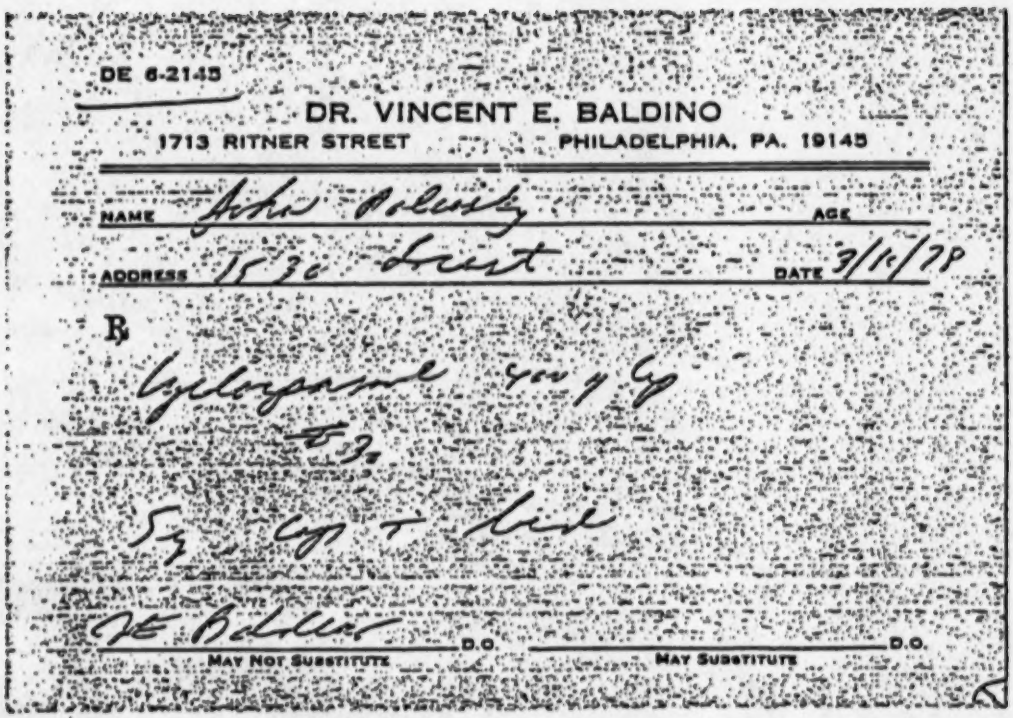
1700 MARKET ST., PHILA., PA. 19103

Jim Teasdale
94815 3-22-78 bk
One capsule three times a day. Br.Baldine $5.93/30
Cyclospasmol 400mgm

No. of refills 0 1 2 3 4 5 6 7 8 9

AP 4431932

**Plaintiff's Exhibit 100**



DE 6-2145

DR. VINCENT E. BALDINO

1713 RITNER STREET — PHILADELPHIA, PA. 19145

NAME Asha Polisky AGE

ADDRESS 1536 Grant DATE 3/11/78

℞

Cyclogyl 1% 1 gtt

#53

5 ml - cap + list

V E Baldino D.O.

MAY NOT SUBSTITUTE

D.O.

MAY SUBSTITUTE

**Plaintiff's Exhibit 100**

PICKWICK PHARMACY
0643T
0643
2 15 Mar 78
PA. 19103
LO 3-4353

PICKWICK PHARMACY
0643T
0643
6431 25 Mar 78
PA. 19103
LO 3-4353

PICKWICK PHARMACY
LOCUST 3-4660
LOCUST 3-4661
1700 MARKET ST., PHILA., PA. 19103

DATE 3-22-78 PHYSICIAN ORDERING PRESCRIPTION Baldwin REFILL NO.

NAME Jim Greasdale

ADDRESS APT. NO.

TAKEN BY | FILLED BY | CASH | CHARGE | ON ACCT. | C.O.D. | WILL CALL | DELIVER

| QTY | DESCRIPTION | PRICE | AMOUNT |
|---|---|---|---|
| | 94815 | | 5 93 |
| | Cyclospasmol | | |

PRESCRIPTIONS EXPERTLY COMPOUNDED. HAVE YOUR DOCTOR CALL US

Thank You

| | |
|---|---|
| AMOUNT OF SALE | |
| TAX | |
| TOTAL | 5 93 |

RECEIVED BY

Plaintiff's Exhibit 100

# SHOPPING REPORT

PHARMACY Pickwick Pharm. CITY Phila.

ADDRESS 1700 Market St. STATE Pa. ZIP 19103

*LOCATION: (1) 2 3 4 5 TYPE: SK K NK

DATE: 3-22-78 TIME: 10:35 AM NO. CLERKS 2 NO. CUST. 0

DESCRIPTION OF PHARMACIST: DESCRIPTION OF CLERK: Same Fem

M F✓ AGE 25-30 yr HAIR Brown M F AGE HAIR

WEIGHT 90-100 165 HEIGHT 5'-5'2" WEIGHT HEIGHT

GLASSES Large MUSTACHE GLASSES MUSTACHE

OTHER CHARACTERISTICS Latinish hair olive complexion OTHER CHARACTERISTICS

TELEPHONE LOC. Do not recall USED BY PHARMACIST

RX. DEPT. LOC. Behind Front Counter NO. OF R.PH. IN RX. DEPT. 2

I handed the Clerk-Pharmacist a prescription dated 3-15-78 made o
to Ina Teasdale for 30 Cyclospasmol Caps 400 mg
by Doctor Vincent Baldino DO.

CONVERSATION:

SHOPPER - ~~CLERK~~. I would like this if filled in full unit

~~CLERK~~ - CLERK-R.PH. O.K.

SHOPPER - CLERK-R.PH.

I paid the clerk-pharmacist $5.93 and received a container contain
. The container bore a label wit
the pharmacy name and address as above. Rx number 94815

Directions: 1 B.I.D.

DOCTOR: Vincent Baldino DO. DATED: 3-15-78

I have identified the purchase by writing my name, the name and addr
of the pharmacy, time, date and price of purchase ~~on the container~~. I sealed the container ~~with my initials~~ in an envelope

DATE ~~MAILED~~ 3 April 12.

REGISTERED NO.:

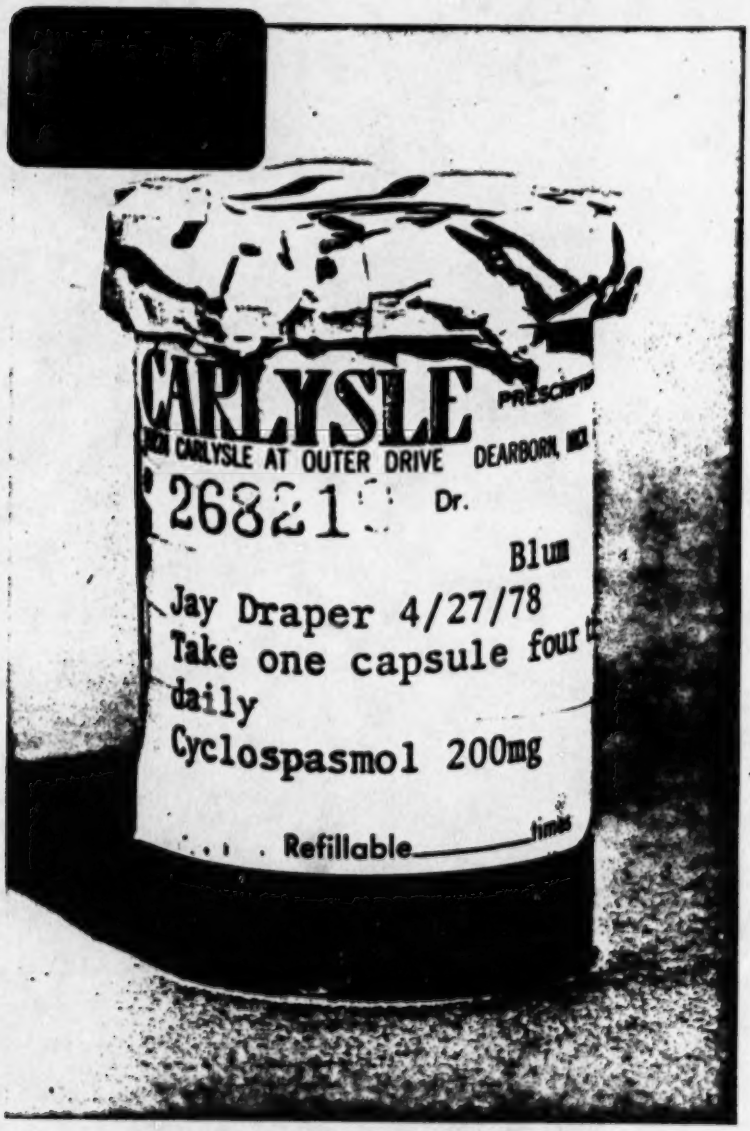
DATE RECEIVED ~~by Atty~~. SIGNATURE
(Mail Delivery or Shopper Delivery) RECEIVED SHOPPER

APR 12 1978
STEVEN J. BARON

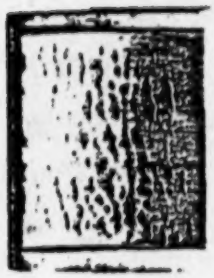
PLAINTIFF'S EXHIBIT 100

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center
3 - Low Income Residential Area
4 - Middle Income Residential Area

**PLAINTIFF'S EXHIBIT 101**



**Plaintiff's Exhibit 101**



DR. DAVID BLUM

DETROIT 35, MICHIGAN

Office Hours Daily, Except Thurs.
By Appointment Only

NAME Jay Klapper AGE

ADDRESS DATE 4-27-78

℞ Cyclospasmol 200 mg

#60

Sig: 1 Cap qid.

AB3047/58

____NON-REPETATUR
____REPETATUR SEMEL
____REPETATUR BIS.
____REPETATUR EX PRAECEPTO

Reg. No. 10182 David Blum DPM. L.S.C.

**Plaintiff's Exhibit 101**

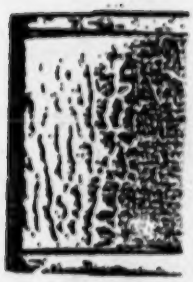
THANK YOU

A 0007.69T

NO 0007.69

2910 24 Feb 76

CALL AGAIN



| 4-27-8 | BLUM | | | [illegible] | JAN DRAPER | 769 |
|---|---|---|---|---|---|---|
| " | | | | | | |
| DATE | DOCTOR | [illegible] | [illegible] | PRESCRIPTION NUMBER | PATIENT | AMOUNT |

RETAIN THIS RECEIPT FOR PROOF OF MEDICAL EXPENSE

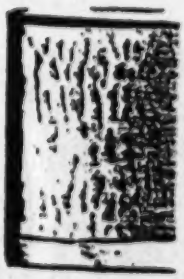
**CARLYSLE PHARMACY**

19224 CARLYSLE AT OUTER DRIVE ; DEARBORN, MICH.

**PHONE LO 1-6100**

"Shop - Save - Smile - at Carlysle"

YOU CAN ALWAYS CHECK YOUR PRESCRIPTION PURCHASES AT THIS STORE



PLAINTIFF'S EXHIBIT 101

Plaintiff's Exhibit 101

# SHOPPING REPORT

PHARMACY Carlysle Prescriptions CITY Dearborn

ADDRESS 19224 Carlysle STATE Michigan ZIP 48124

*LOCATION: 1__ 2__ 3__ 4X 5__ TYPE: SK__ K__ NK__

DATE: 4/27/78 TIME: 11:30 NO. CLERKS 1 NO. CUST. 3

| DESCRIPTION OF PHARMACIST: | | DESCRIPTION OF CLERK: | |
|---|---|---|---|
| M X F__ | | M__ F X | |
| AGE | 27 | AGE | 19 |
| HAIR | Black | HAIR | Black |
| WEIGHT | 160 | WEIGHT | 115 |
| HEIGHT | 5'10" | HEIGHT | 5'4" |
| GLASSES | no | GLASSES | no |
| MUSTACHE | yes | MUSTACHE | — |
| OTHER CHARACTERISTICS | | OTHER CHARACTERISTICS | |

TELEPHONE LOC. Behind Counter USED BY PHARMACIST No

RX. DEPT. LOC. Back of Store NO. OF R.PH. IN RX. DEPT. 1

I handed the Clerk-Pharmacist a prescription dated 4/27/78 made out to Jay. Draper for Cyclosporine 100 mg caps by Doctor David Blum (D.Phm).

CONVERSATION:

SHOPPER - ~~CLERK-R.PH.~~ Asked about Insurance, address

~~CLERK-R.PH.~~ - CLERK-R.PH. —

SHOPPER - CLERK-R.PH. No

I paid the clerk-pharmacist $7.69 and received a container containi: Cyclandelate 200 mg. The container bore a label with the pharmacy name and address as above. Rx number 268210

Directions: One capsule 4 times daily

DOCTOR: David Blum. DATED: 4/27/78

I have identified the purchase by writing my name, the name and addre of the pharmacy, time, date and price of purchase ~~on the container~~. I sealed the container ~~with the~~ in my ~~possession~~ in an envelope

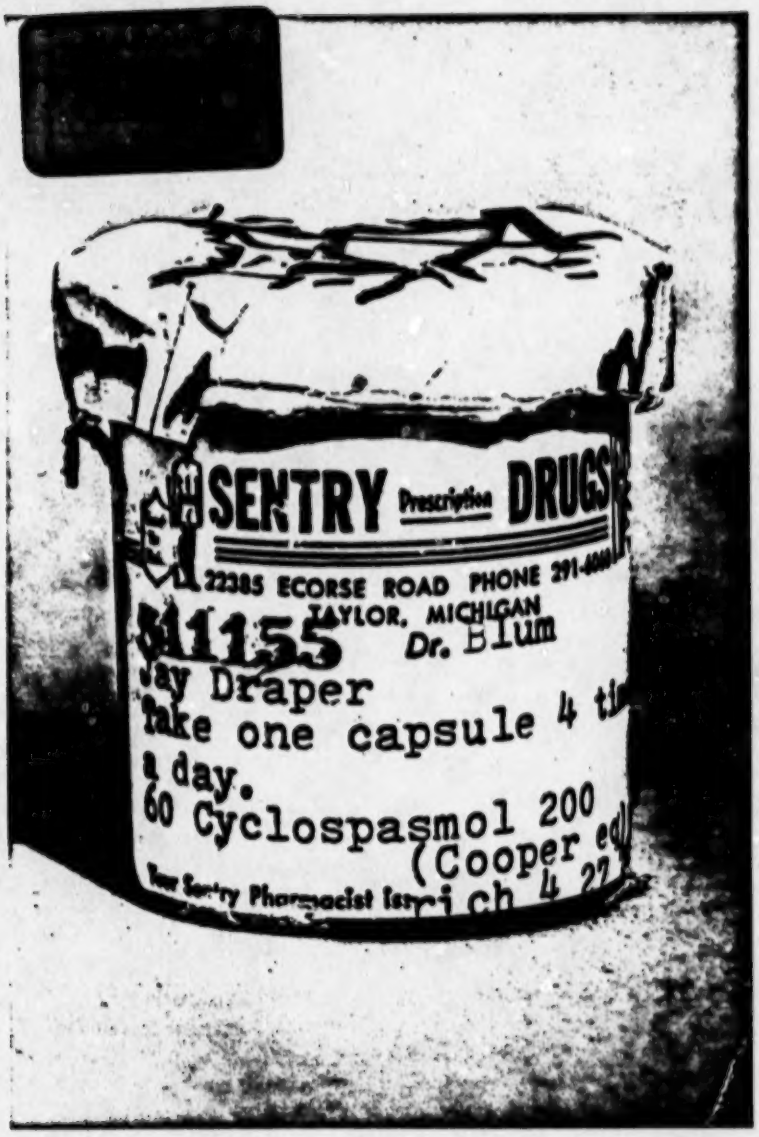
DATE ~~Received~~ Submitted.

REGISTERED NO.: _____

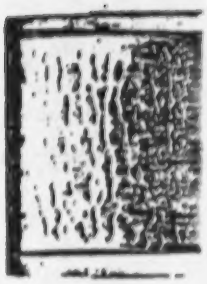
DATE RECEIVED ~~by Mail~~ by Mail. SIGNATURE [signature]
(Mail Delivery or Shopper Delivery) SHOPPER

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center

PLAINTIFF'S EXHIBIT 102



**Plaintiff's Exhibit 102**



DR. DAVID BLUM
Foot Specialist and Surgical Podiatrist
15311 WEST McNICHOLS AVE.
DETROIT 35, MICHIGAN

Phone 272-4884

Office Hours: Daily, Except Thurs.
by Appointment Only

NAME Gary Draper AGE

ADDRESS DATE 4-27-78

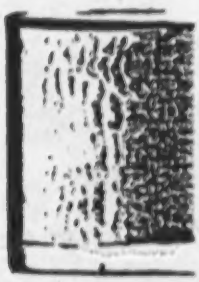
℞ Cyclosporasol 200 Mg
#60
Sig: 1 Cap. q.i.d.

BMOD REGISTRATION NUMBER
AB3047758

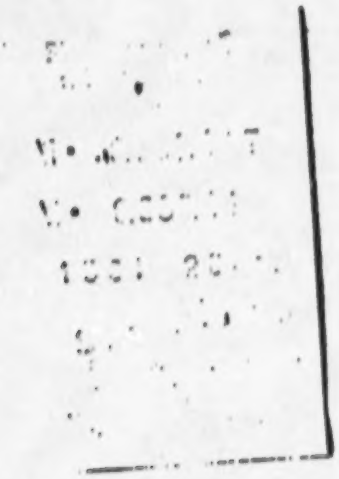
___NON-REPETATUR
___REPETATUR SEMEL
___REPETATUR BIS.
___REPETATUR EX PRAECEPTO

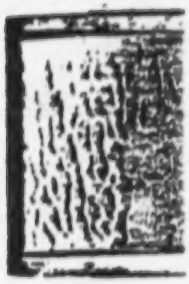
Reg. No. 19183

David J. Blum DPM D.S.C.



**Plaintiff's Exhibit 102**





| DATE | DOCTOR | PRESCRIPTION NUMBER | PATIENT | AMOUNT |
|---|---|---|---|---|
| 9/27/78 | Blum | 511155 | Draper | 5.65 |

RETAIN THIS RECEIPT FOR PROOF OF MEDICAL EXPENSE

**SENTRY DRUGS**

*Prescriptions*

"Guards Your Health-Guards Your Dollars"

STORE NO.

| | | | | | | |
|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
| 15 | 16 | 17 | 18 | 19 | 20 | |

Plaintiff's Exhibit 102

# SHOPPING REPORT

PHARMACY Sentry Pres. Drugs CITY Taylor

ADDRESS 22385 Ecorse Rd. STATE Michigan ZIP 48180

*LOCATION: 1__ 2__ 3__ 4 X 5__ TYPE: SK__ K__ NK__

DATE: 4/27/78 TIME: 12:00 Pm NO. CLERKS 2 NO. CUST. 6

| DESCRIPTION OF PHARMACIST: | | DESCRIPTION OF CLERK: | |
|---|---|---|---|
| M X F__ | | M__ F X | |
| AGE | 35 | AGE | 55 |
| HAIR | Black | HAIR | GRAY |
| WEIGHT | 200 | WEIGHT | 145 |
| HEIGHT | 6'1" | HEIGHT | 5'5" |
| GLASSES | no | GLASSES | no |
| MUSTACHE | no | MUSTACHE | — |
| OTHER CHARACTERISTICS | long Sideburns | OTHER CHARACTERISTICS | — |

TELEPHONE LOC. In Behind Counter USED BY PHARMACIST No

RX. DEPT. LOC. IN BACK NO. OF R.PH. IN RX. DEPT. 1

I handed the Clerk-Pharmacist a prescription dated 4/27/78 made out to Jay Draper for Cyclospasmol 200 mg by Doctor David Blum, D.P.M.

CONVERSATION:

SHOPPER - [redacted] insurance, spelling of name

[redacted] - CLERK-R.PH. None

SHOPPER - CLERK-R.PH. None

I paid the clerk-pharmacist $ 5.65 and received a container containing Cyclandelate. The container bore a label with the pharmacy name and address as above. Rx number 511155

Directions: One Capsule 4 times a Day

DOCTOR: David Blum. DATED: 4/27/78

I have identified the purchase by writing my name, the name and address of the pharmacy, time, date and price of purchase [redacted] I sealed the container [redacted] in an envelope

DATE [redacted] Submitted.

REGISTERED NO.: _____

DATE RECEIVED [redacted] by Mail. SIGNATURE _____ SHOPPER

(Mail Delivery or Shopper Delivery)

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center

**PLAINTIFF'S EXHIBIT 103**

**Plaintiff's Exhibit 103**

HARVEY YALE SAKOFSKY, M.D.
338 EAST 30TH STREET
NEW YORK, N.Y. 10016
212—684-3410

DEA NO. AS 7013117

DATE 12/16/77

NAME K Budz

℞

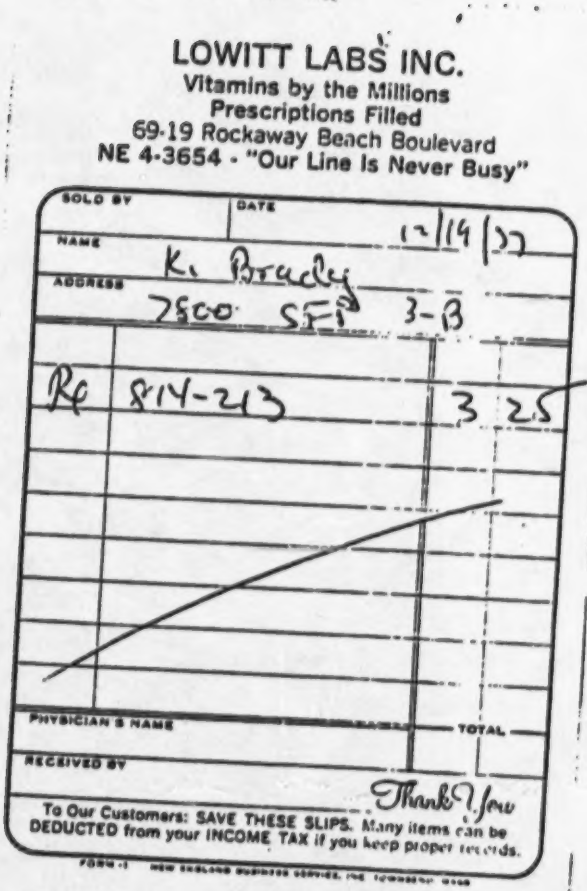
Cyclosporin Capsules (200mg)

Sig: i.s.i.d.
Disp #60

☐ REFILL 4 TIMES
☐ NON REPETATUR

Harvey Y. Sakofsky M.D.

**Plaintiff's Exhibit 103**



LOWITT LABS INC.
Vitamins by the Millions
Prescriptions Filled
69-19 Rockaway Beach Boulevard
NE 4-3654 - "Our Line Is Never Busy"

SOLD BY
DATE 12/14/32
NAME K. Bracky
ADDRESS 7500 SFI 3-B
Rx 814-213 3 25
PHYSICIAN'S NAME
TOTAL
RECEIVED BY
Thank You
To Our Customers: SAVE THESE SLIPS. Many items can be DEDUCTED from your INCOME TAX if you keep proper records.
FORM 1 NEW ENGLAND BUSINESS SERVICE, INC. NEWTON, MASS.

**Plaintiff's Exhibit 103**

# SHOPPING REPORT

PHARMACY Lovett Labs CITY _____

ADDRESS 69-19 Kissena Blvd. Flushing STATE _____ ZIP _____

*LOCATION: 1__ 2__ 3✓ 4__ 5__ TYPE: SK__ K__ NK__

DATE: 12/19/77 TIME: 11:40 AM NO. CLERKS ____ NO. CUST. ____

DESCRIPTION OF PHARMACIST:

M ✓ F__ AGE 30's HAIR Brown

WEIGHT 160 HEIGHT 5'6"

GLASSES ____ MUSTACHE ✓

OTHER CHARACTERISTICS beard

DESCRIPTION OF CLERK:

M__ F__ AGE____ HAIR ____

WEIGHT ____ HEIGHT ____

GLASSES ____ MUSTACHE ____

OTHER CHARACTERISTICS ____

TELEPHONE LOC. Rt. hand side behind pharmacy counter USED BY PHARMACIST No

RX. DEPT. LOC. left of door NO. OF ~~R.PH.~~ PHARMACISTS IN RX. DEPT. 3

I handed the ~~Clerk-Pharmacist~~ a prescription dated 12-16-77 made out to K. Brady for Cyclospasmol 200 mg.

by Doctor _____.

CONVERSATION:

SHOPPER - ~~CLERK-R.PH.~~ I'd like to fill this prescription for my father

~~SHOPPER - CLERK~~ - R.PH. Brady? What's the address?

SHOPPER - ~~CLERK-R.PH.~~ yes 7800 Main Front Parkway Apt. 3B

I paid the clerk-pharmacist $3.35 and received a container containing _____. The container bore a label with the pharmacy name and address as above. Rx number 814-213.

Directions: _____.

DOCTOR: _____. DATED: _____.

I have identified the purchase by writing my name, the name and address of the pharmacy, time, date and price of purchase on a label, affixing the same to the container. I sealed the container with a seal bearing my initials.

PLAINTIFF'S EXHIBIT 54

DATE MAILED TO CHEMIST: _____

REGISTERED NO.: _____

DATE RECEIVED BY CHEMIST: _____. SIGNATURE _____ SHOPPER

(Mail Delivery or Shopper Delivery)

*Location: 1 - Downtown Business District

2 - Suburban Shopping Center

Plaintiff's Exhibit 103

SEYMOUR ADLER
Confidential Investigations
PATENT INFRINGEMENT • PRIOR ART
TRADE MARK • COPYRIGHT
UNFAIR COMPETITION
MARKET SURVEYS
LIC. & BONDED BY STATE OF N. Y.

2300 OLINVILLE AVENUE
NEW YORK, N. Y. 10467
—
DAY 212 682-6770
NITE 212 OL 5-6202

Subject: Lowitt Labs.
69-19 Rockaway Beach Boulevard
Arverne, N.Y.

Date: Jan. 25, 1978 11:20 AM

Report by: Seymour Adler

Des. of Clerk: Male, age 27, 160 lbs, brown hair and beard.

Entered this store, and told the above described clerk that I would like a refill for prescription number 814-213, for K. Brady, 7800 Shore Front Parkway, Dr. Sakofsky.

The clerk went to rear of store, checked his files, and returned shortly with a filled prescription. He handed me a filled prescription, and said that the price would be $3.25. The writer paid the clerk $3.25.

The prescription bore the drug store label, and also bore the following:-

RX 814-213, date 12/19/77, K. Brady, 7800 SFP, 1 capsule 4 times daily.

No. 60 Cyclospasmol, 200 mg. F, Dr. Sakofsky.

Prescription was identified by affixing a label on to it with the following information:- Name and address of store, time, date, price paid, RX number, and signature of shopper.

Seymour Adler

**Plaintiff's Exhibit 103**

LOWITT LABS INC.
Vitamins by the Millions
Prescriptions Filled
69-19 Rockaway Beach Boulevard
NE 4-3654 - "Our Line Is Never Busy"

SOLD BY | DATE 1/25/28

NAME K. Brady

ADDRESS 7800 SFP.

| | | |
|---|---|---|
| Rp | 814-43 | 3 25 |

PHYSICIAN'S NAME — TOTAL

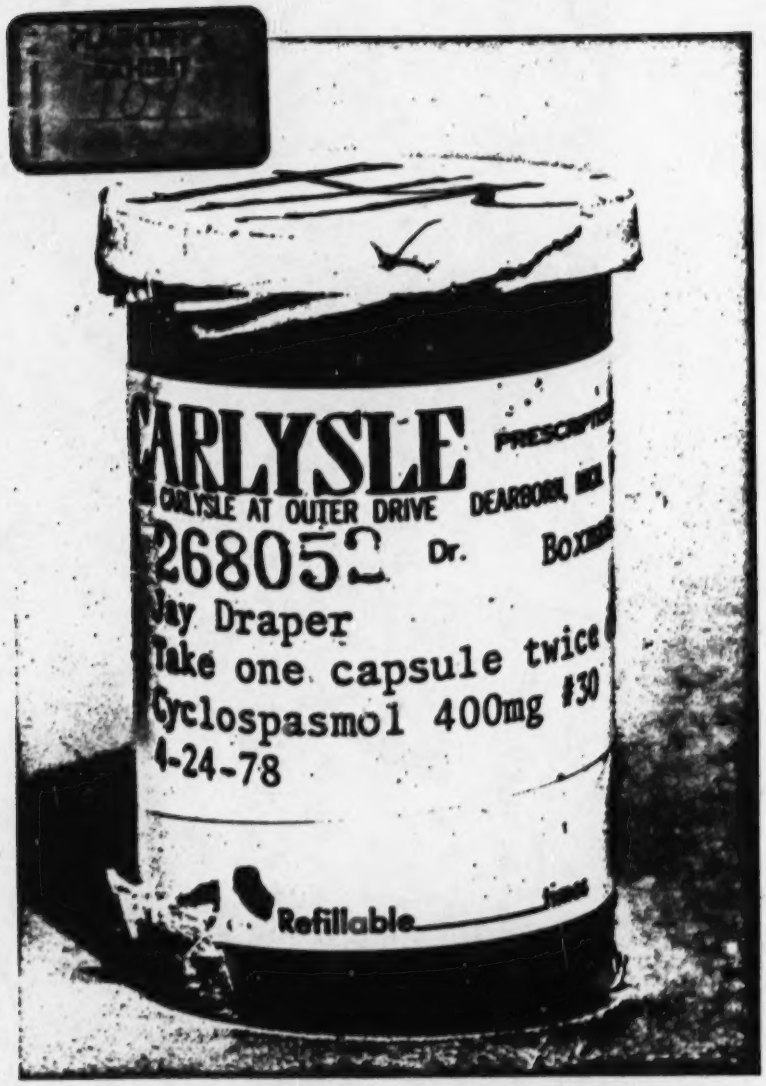
RECEIVED BY

Thank You

To Our Customers: SAVE THESE SLIPS. Many items can be DEDUCTED from your INCOME TAX if you keep proper records.

FORM 1 NEW ENGLAND BUSINESS SERVICE, INC. YONKERS, MASS.

**PLAINTIFF'S EXHIBIT 104**



**Plaintiff's Exhibit 104**

DONALD BOXMAN, D.O. - DIPLOMATE, AMERICAN OSTEOPATHIC BOARD OF GENERAL PRACTICE
AB 2726707

DAVID S. ROSENBERG, D.O.
AR 6133970

FARMINGTON CLINIC, P.C.
24300 ORCHARD LAKE ROAD
FARMINGTON, MICHIGAN 48024
TELEPHONE 474-5601

NAME Jay Draper AGE

ADDRESS DATE 4-21-72

℞

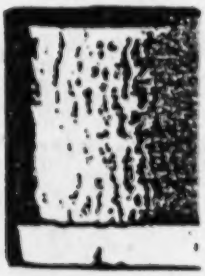
Cyclospasmol 400mg #30

Sig: ÷ bid

LABEL

Donald Boxman D.O.

NON-REF. REFILL TIMES



**Plaintiff's Exhibit 104**

| DATE | DOCTOR | S.P.K. | REFILL TIMES | PRESCRIPTION NUMBER | PATIENT | AMOUNT |
|---|---|---|---|---|---|---|
| 4/24/68 | Bodmann | | | 26805 | Jay Drager | 5.99 |

RETAIN THIS RECEIPT FOR PROOF OF MEDICAL EXPENSE

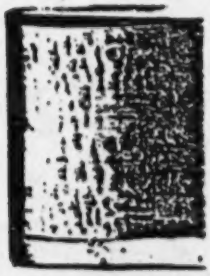
**CARLYSLE PHARMACY**

19224 CARLYSLE AT OUTER DRIVE DEARBORN, MICH.

PHONE TO 1-6100 230

"Shop - Save - Smile - at Carlysle"

YOU CAN ALWAYS CHECK YOUR PRESCRIPTION PURCHASES AT THIS STORE



Plaintiff's Exhibit 104

SHOPPING REPORT

PHARMACY Carlysle Prescrip. CITY Dearborn, Mich.

ADDRESS 19224 Carlysle STATE Michigan ZIP 48124

*LOCATION: 1 2 3 4 X 5 TYPE: SK K NK

DATE: 4/24/78 TIME: 10:45 AM NO. CLERKS 1 NO. CUST. 3

| DESCRIPTION OF PHARMACIST: | DESCRIPTION OF CLERK: |
|---|---|
| M X F AGE 28 HAIR Blond | M F X AGE 55 HAIR Gray |
| WEIGHT 148lbs HEIGHT 5'9" | WEIGHT 130 HEIGHT 5'4" |
| GLASSES No MUSTACHE X | GLASSES yes MUSTACHE |
| OTHER CHARACTERISTICS — | OTHER CHARACTERISTICS — |

TELEPHONE LOC. Behind Counter USED BY PHARMACIST No

RX. DEPT. LOC. Back NO. OF R.PH. IN RX. DEPT. 1

I handed the Clerk-Pharmacist a prescription dated 4/21/78 made ou

to Jay. Draper for Cyclosporine 400 mg

by Doctor Donald Boxman, D.O.

CONVERSATION:

SHOPPER - ~~CLERK~~ Clerk ASKED Age, CASH payment, et

~~CLERK~~ - CLERK-R.PH.

SHOPPER - CLERK-R.PH.

I paid the clerk-pharmacist $5.99 and received a container containi

30 caps, cyclandelate. The container bore a label with

the pharmacy name and address as above. Rx number 268052

Directions: One capsule twice daily

DOCTOR: Boxman. DATED: 4/24/78

I have identified the purchase by writing my name, the name and addr of the pharmacy, time, date and price of purchase ~~on the label, affixing the name to the container~~. I sealed the container ~~with a rubber band~~ in an envelope

DATE ~~Submitted~~ Submitted.

REGISTERED NO.:

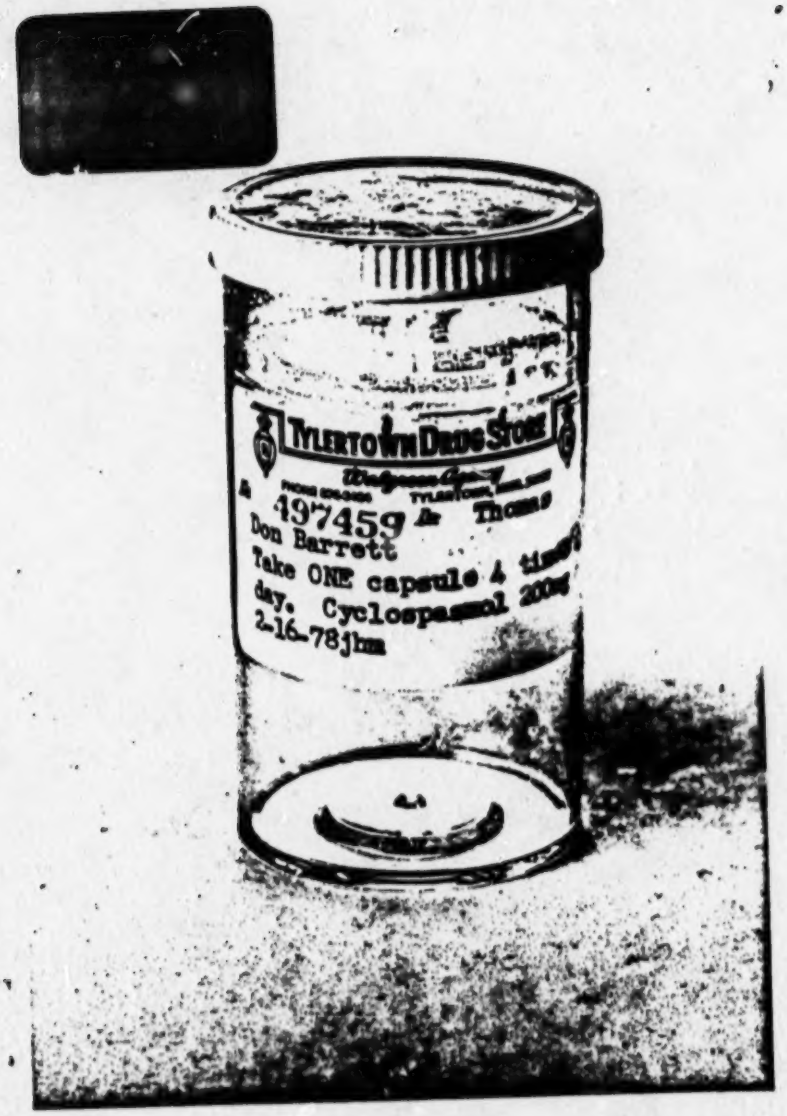
DATE RECEIVED ~~by Mail~~ by Mail. SIGNATURE

(Mail Delivery or Shopper Delivery) SHOPPER

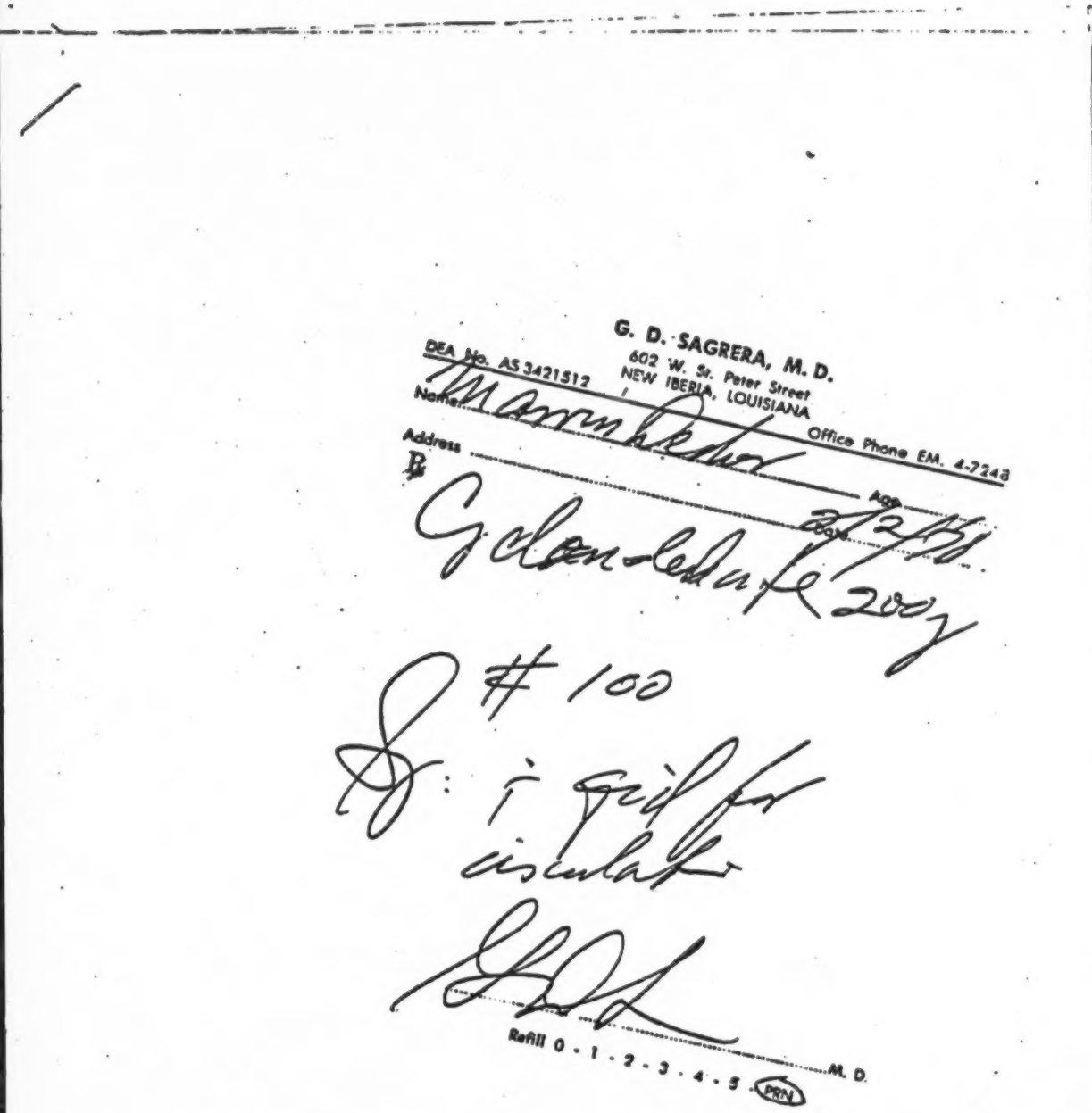
*Location: 1 - Downtown Business District
2 - Suburban Shopping Center
3 - Low Income Residential Area
4 - Middle Income Residential Area

PLAINTIFF'S EXHIBIT

**PLAINTIFF'S EXHIBIT 105**



**Plaintiff's Exhibit 105**



**Plaintiff's Exhibit 105**

RECORD FOR MEDICINE

SAVE FOR YOUR INCOME TAX DEDUCTIONS

DATE 197

We appreciate the opportunity of filling your prescription. It is filled with the best obtainable standardized ingredients.

NIGHT & SUNDAY PHONE 876-5938

FOR

NO. 497460 $ 9.85

NO. $

NO. $

NO. $

TOTAL $

TYLERTOWN DRUG STORE

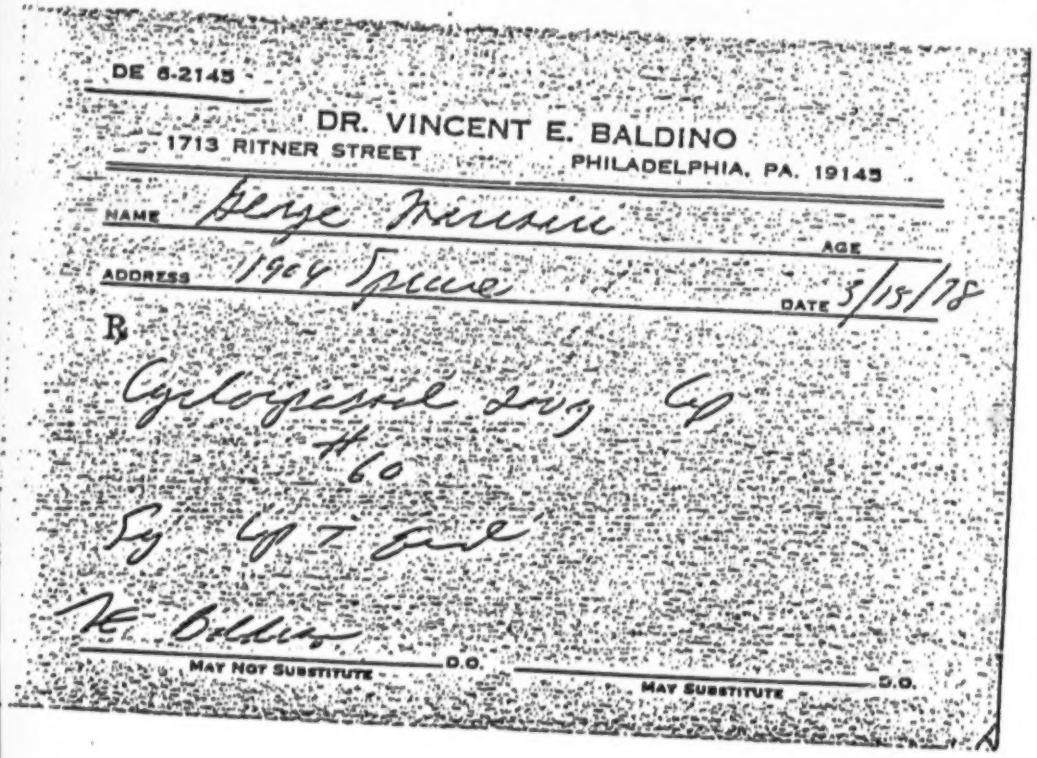
Phone 876-3424

Tylertown, Mississippi

PLAINTIFF'S EXHIBIT

PLAINTIFF'S EXHIBIT 106

**Plaintiff's Exhibit 106**



DE 6-2145

DR. VINCENT E. BALDINO

1713 RITNER STREET PHILADELPHIA, PA. 19145

NAME Serge Marsan AGE

ADDRESS 1904 Spruce DATE 5/15/78

℞

Cyclogestril 2mg Cap

#60

Sig: Qd x One

V. Baldino

MAY NOT SUBSTITUTE ____ D.O. MAY SUBSTITUTE ____ D.O.

Plaintiff's Exhibit 106

SHOPPING REPORT

PHARMACY Pickwick Pharm CITY Phila

ADDRESS 1700 Market St STATE Pa ZIP _____

*LOCATION: (1) 2 3 4 5 TYPE: SK K NK

DATE: MAR 15, 78 TIME: 2:20PM NO. CLERKS 2 NO. CUST. 1

| DESCRIPTION OF PHARMACIST: | DESCRIPTION OF CLERK: |
|---|---|
| (M) F AGE 28 HAIR | M F AGE HAIR |
| WEIGHT 150 HEIGHT 5'8" | WEIGHT HEIGHT |
| (GLASSES) MUSTACHE | (GLASSES) MUSTACHE |
| OTHER CHARACTERISTICS curly hair | OTHER CHARACTERISTICS |

TELEPHONE LOC. behind counter USED BY PHARMACIST

RX. DEPT. LOC. rear of store NO. OF R.PH. IN RX. DEPT. 2

I handed the Clerk-Pharmacist a prescription dated March 15, 78 made out to Jerry Manners for

by Doctor Baldino, DO.

CONVERSATION:

SHOPPER - ~~CLERK~~-R.PH. none

~~CLERK~~ - CLERK-R.PH. here is your Rx.

SHOPPER - CLERK-R.PH.

I paid the clerk-pharmacist $ ~~6.45~~ 6.60 and received a container containin blue unmarked capsules. The container bore a label with the pharmacy name and address as above. Rx number 94616.

Directions: one capsule 4X day

DOCTOR: Baldino. DATED: Mar 15, 78

I have identified the purchase by writing my name, the name and addres of the pharmacy, time, date and price of purchase ~~on the container~~. I sealed the container ~~with~~ in an envelope

DATE ~~MAILED~~: March 21.

REGISTERED NO.: _____

DATE RECEIVED ~~BY~~ by Hand. SIGNATURE Jerry Manners

(Mail Delivery or Shopper Delivery) RECEIVED SHOPPER

PLAINTIFF'S EXHIBIT

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center

APR 12 1978

STEVEN I. BARON

**PLAINTIFF'S EXHIBIT 107**

Plaintiff's Exhibit 107

# SHOPPING REPORT

PHARMACY Pickwick Phcy CITY Phila

ADDRESS 1700 market St STATE Pa ZIP _____

*LOCATION: (1) 2 3 4 5 TYPE: SK ___ K ___ NK ___

DATE: March 27, TIME: 11:30 AM NO. CLERKS 2 NO. CUST. 1

| DESCRIPTION OF PHARMACIST: | DESCRIPTION OF CLERK: |
|---|---|
| M (F) AGE 28 HAIR _____ | M ___ F ___ AGE _____ HAIR _____ |
| WEIGHT 125 HEIGHT 5'2" | WEIGHT _____ HEIGHT _____ |
| (GLASSES) _____ MUSTACHE _____ | GLASSES _____ MUSTACHE _____ |
| OTHER CHARACTERISTICS dark hair | OTHER CHARACTERISTICS _____ |

TELEPHONE LOC. behind counter USED BY PHARMACIST no

RX. DEPT. LOC. rear of store NO. OF R.PH. IN RX. DEPT. 2

I handed the Clerk-Pharmacist a prescription dated _____ made out to _____ for _____

by Doctor _____

CONVERSATION:

SHOPPER - [redacted] I don't have my bottle but the number is 94616

[redacted] - CLERK-R.PH. yes is your name Marmere

SHOPPER - CLERK-R.PH. yes

I paid the clerk-pharmacist $6.43 and received a container containi half blue caps marked Tues and half blue caps with no markings. The container bore a label with the pharmacy name and address as above. Rx number _____

Directions: One cap 4X day

DOCTOR: Baldeon . DATED: March 27, 78

I have identified the purchase by writing my name, the name and addre of the pharmacy, time, date and price of purchase on the [redacted] I sealed the container with the [redacted] in an envelope

DATE [redacted] March 27.

REGISTERED NO.: _____

DATE RECEIVED [redacted] by Mail. SIGNATURE Nancy Marmere SHOPPER

(Mail Delivery or Shopper Delivery)

PLAINTIFF'S EXHIBIT [illegible]

RECEIVED

APR 12 1978

STEVEN J. BARON

*Location: 1 - Downtown Business District
2 - Suburban Shopping Center
3 - Low Income Residential Area
4 - Middle Income Residential Area

**PLAINTIFF'S EXHIBIT 112**

# United States Patent Office

602,919
Registered Mar. 8, 1955

AFFIDAVIT SEC. 8
ACCEPTED

PRINCIPAL REGISTER
Trade-Mark

AFFIDAVIT SEC 15
RECEIVED 12-2-60

Ser. No. 641,212, filed Feb. 17, 1954

## CYCLOSPASMOL

N. V. Koninklijke Pharmaceutische Fabrieken v/h Brocades-Stheeman & Pharmacia (Dutch corporation)
Leeuwenbrug, Amsterdam, Netherlands

For: PHARMACEUTICAL SPASMOLYTIC PREPARATION WITH VASODILATING PROPERTIES, in CLASS 18.
First used on or about Nov. 26, 1951, and in commerce on or about Nov. 26, 1951.
Owner of Reg. No. 525,102.

Renewed for 20 years from Mar. 8, 1975

COMB. AFF. SEC 8 & 15

Attest:

OCT 14 1977

Attesting Officer

CERTIFIED TO BE A TRUE COPY OF THE REGISTRATION WHICH IS IN FULL FORCE AND EFFECT, WITH NOTATION OF ALL STATUTORY ACTIONS TAKEN THEREON, AS DISCLOSED BY THE RECORDS OF THE UNITED STATES PATENT AND TRADEMARK OFFICE. SAID RECORDS SHOW TITLE TO BE IN: Ives Laboratories Inc., a N.Y. corp.

ACTING COMMISSIONER OF PATENTS & TRADEMARKS

EXHIBIT C

## LEGEND

PDR - refers to the Physicians Desk Reference

* - identifies page number of "Product Identification" Section of PDR

** - identifies page number of "Product Information" Section of PDR

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 6. Hydralazine Hydrochloride | Apresoline | blue round tablet (25mg) | Ciba Pharmaceutical | 12* | 408* |
| Hydralazine Hydrochloride | Dralzine | yellow oblong tablet (25mg) | Lemmon Pharmaceutical Co. | 925** | 984** |
| 16. Dicyclomine Hydrochloride | Bentyl | blue capsule (10mg) | Merrell-National | 22* | 419* |
| Dicyclomine Hydrochloride | Bentyl | blue tablet (20mg) | Merrell-National | 22* | 419* |
| Dicyclomine Hydrochloride | Dyspas | green tablet (10mg) | Savage Laboratories | 1382** | - |
| Dicyclomine Hydrochloride | Dyspas | yellow tablet (20mg) | Savage Laboratories | 1382** | - |
| 17. Cyclandelate | Cyclospasmol | pale blue capsule (200mg) | Ives Laboratories | 15* | 412* |
| Cyclandelate | Cyclanfor | lime capsule (200mg) | Forest Laboratories | Plaintiff's Exhibit L-X | - |
| Cyclandelate | Cydel | red capsule (200 mg) | W.E. Hauck | Plaintiff's Exhibit L-W | - |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 18. Cyclandelate | Cyclospasmol | pale blue/red capsule | Ives Laboratories | 15* | 41** |
| Cyclandelate | Cyclanfor | green capsule(400 mg) | Forest Laboratories | Plaintiff's Exhibit 1. | |
| 19. Dexamethasone | Decadron | blue pentagonal tablet (0.75mg) | Merck Sharp & Dohme | 21* | 11** |
| Dexamethasone | Deronil | amber oval tablet (0.75 mg) | Schering | 33* | 430* |
| 21. 12mg Brompheniramine Maleate<br>15mg Phenylephrine Hydrochloride<br>15mg Phenylpropanolamine Hydrochloride | Dimetapp Extentabs | blue round tablet | A.H. Robins | 28* | 425* |
| 12mg Brompheniramine Maleate<br>12mg Phenylephrine Hydrochloride<br>15mg Phenylpropanolamine Hydrochloride | Drocon | pink round tablet | Forest Laboratories | 827** Field deposition page 77 | - |
| 27. Amitriptyline Hydrochloride | Elavil | blue round tablet (10mg) | Merck Sharp & Dohme | 21* | 419* |
| Amitriptyline Hydrochloride | Endep | orange round tablet (10 mg) | Roche | 30* | 426* |
| Amitriptyline Hydrochloride | Amitril | tan round tablet 10 mg) | Warner/Chilcott | - | 438*<br>1809** |

[This Page Intentionally Left Blank]

| | Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|---|
| 28. | Amitriptyline Hydrochloride | Elavil | yellow round tablet (25 mg) | Merck Sharp & Dohme | 21* | 416*<br>426* |
| | Amitriptyline Hydrochloride | Endep | orange round tablet (25 mg) | Roche | 30* | 434* |
| | Amitriptyline Hydrochloride | Amitril | coral tablet round | Warner/Chilcott | | 1889** |
| 29. | Amitriptyline Hydrochloride | Elavil | beige round tablet (50 mg) | Merck Sharp & Dohme | 21* | 419*<br>426* |
| | Amitriptyline Hydrochloride | Endep | orange round tablet (50 mg) | Roche | 30* | 435* |
| | Amitriptyline Hydrochloride | Amitril | blue/purple round tablet | Warner/Chilcott | | 1889** |
| 36. | Hydrochlorothiazide | HydroDiuril | peach round tablet (25mg) | Merck Sharp & Dohme | 22* | 419* |
| | Hydrochlorothiazide | Oretic | white round tablet (25mg) | Abbott Laboratories | 7* | 404* |
| 37. | Hydrochlorothiazide | HydroDiuril | peach round tablet (50mg) | Merck Sharp & Dohme | 22* | 419* |
| | Hydrochlorothiazide | Oretic | white round tablet (50mg) | Abbott Laboratories | 7* | 404* |
| 40. | Isosorbide Dinitrate | Isordil | light pink round, scored tablet (oral 5mg) | Ives Laboratories | 15* | 412* |
| | Isosorbide Dinitrate | Sorbitrate | light green oval tablet (oral 5 mg) | Stuart Pharmaceuticals | 38* | 435* |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 41. Isosorbide Dinitrate | Isordil | light pink round tablet (5mg sublingual) | Ives Laboratories | 15* | 41** |
| Isosorbide Dinitrate | Isotrate | green round tablet (5mg sublingual) | W.E. Hauck, Inc. | Exhibit B-Q1 | |
| 42. Isosorbide Dinitrate | Isordil | white round scored tablet (10mg oral) | Ives Laboratories, Inc. | 15* | 41** |
| Isosorbide Dinitrate | Sorbitrate | yellow oval tablet (10 mg oral) | Stuart Pharmaceuticals | 3[illegible]* | 435* |
| Isosorbide Dinitrate | Isotrate | orange oblong tablet (10 mg oral) | W.E. Hauck, Inc. | Exhibit B-P1 annexed | - |
| 43. Isosorbide Dinitrate | Isordil Tembids | light blue/white capsule (40 mg) | Ives Laboratories | 15* | 412* |
| Isosorbide Dinitrate | Isotrate Timecelle | orange/clear capsule (40 mg) | W.E. Hauck, Inc. | Exhibit B-P1 annexed | - |
| 45. Amoxicillin | Larotid | brown/beige capsule (250 mg) | Roche Laboratories | 30* | 428* |
| Amoxicillin | Amoxil | blue/pink capsule (250 mg) | Beecham Laboratories | 9* | 405* |
| Amoxicillin | Polymox | pink/reddish brown capsule (250 mg) | Bristol Laboratories | 10* | 408* |

Plaintiff's Exhibit 130A

| Generic Name | Brand Name | Cplor | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 52. Nitroglycerin | Nitro Bid | purple/white capsule (2.5 mg) | Marion Laboratories | 28* | 41.* |
| Nitroglycerin | Nitrospan | green/white capsule (2.5 mg) | USV Pharmaceuticals | 18* | : .* |
| 53. Nitroglycerin | Nitro Bid | blue/yellow capsule (6.5 mg) | Marion Laboratories | 28* | 11.* |
| Nitroglycerin | Nitroglyn | pink/white speckled tablet (6.5mg) | Key Pharmaceuticals | 16* | 41** |
| 57. Papaverine Hydrochloride | Pavabid | brown/white capsule (150 mg) | Marion Laboratories | 20* | 117* |
| Papaverine Hydrochloride | Cerespan | red/pink capsule (150mg) | USV Pharmaceutical | 39* | 426* |
| Papaverine Hydrochloride | Cerebid | red/clear capsule (150mg) | Saron Pharmaceutical Corp. | 1381** | 1512** |
| Papaverine Hydrochloride | Vasal | lavender/blue/white capsule (150 mg) | Tutag Pharmaceutical | 39* | 436* |
| Papaverine Hydrochloride | Pavacap | blue/white-blue capsule (150 mg) | Reid-Provident Labs., Inc. | 28* | |
| Papaverine Hydrochloride | Pavacot | pink/brown capsule (150 mg) | C.O. Truxton, Inc. | | 1723** |
| Papaverine Hydrochloride | Pavakey | caramel/clear capsule (150 mg) | Key Pharmaceuticals, Inc. | 869** | 931** |
| Papaverine Hydrochloride | Pavacon Cenules | brown/clear capsule (150 mg) | Central Pharmacal Co. | 704** | 761** |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 57. (contd.) Papaverine Hydrochloride | Myobid | red/clear capsule (150 mg) | Laser, Inc. | 877** | [illegible] ** |
| Papaverine Hydrochloride | Therapav Capsules | aqua gelatin tablet (150 mg) | Cooper Labs., Inc. | - | [illegible] * |
| Papaverine Hydrochloride | Vasospan | red/clear capsule (150 mg) | Ulmer Pharmacal Co. | 1611** | 1740** |
| Papaverine Hydrochloride | Pavatran | orange/clear capsule (150 mg) | Mayrand, Inc. | 1022** | 1050** |
| 58. 100mg Dioctyl Sodium Sulfosuccinate 30 mg Casanthranol | Peri-Colace | purple capsule | Mead Johnson | 21* | 418* |
| 100mg Dioctyl Sodium Sulfosuccinate 30mg Casanthranol | Comfolax-plus | two tone green capsule | Searle Laboratories | 34* | 432* |
| 59. Pentaerythritol Tetranitrate | Peritrate | light green round tablet (20 mg) | Warner/Chilcott | 42* | 438* |
| Pentaerythritol Tetranitrate | SK-Petn | white round tablet (20mg) | Smith Kline & French | 36* | - |
| 60. Pentaerythritol Tetranitrate | Peritrate | light green round tablet (10 mg) | Warner/Chilcott | 1680** | 1819** |
| Pentaerythritol Tetranitrate | SK-Petn | white round tablet (10 mg) | Smith Kline & French | 36* | - |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 81. Ampicillin | Polycillin | gray/red capsule (250 mg) | Bristol Laboratories | 10* | 406* |
| Ampicillin | Penbritin | black/red capsule (250 mg) | Ayerst Laboratories | 9* | 403* |
| Ampicillin | Amcill | blue/gray capsule (250 mg) | Parke-Davis | 23* | 421* |
| Ampicillin | Pen-A | blue/yellow (250 mg) | Pfi Pharmacy | 25* | 424* |
| Ampicillin | SK-Ampicillin | yellow/white capsule (250 mg) | Smith Kline & French | 36* | 1625** |
| Ampicillin | Pensyn | dark green capsule (250 mg) | Upjohn | 40* | 437* |
| 82. Conjugated Estrogens | Premarin | brown oval tablet (0.625 mg) | Ayerst Laboratories | 9* | 405* |
| Conjugated Estrogens | Genisis | white triangular tablet (0.625 mg) | Organon | 23* | - |
| 83. Conjugated Estrogens | Premarin | yellow oval tablet (1.25 mg) | Ayerst Laboratories | 9* | 405 |
| Conjugated Estrogens | Genisis | white oval tablet (1.25 mg) | Organon | 23* | - |
| 85. Imipramine Hydrochloride | Tofranil | coral triangular tablet (10 mg) | Geigy | 15* | 411* |
| Imipramine Hydrochloride | Janimine | orange round tablet (10 mg) | Abbott | 7* | 403* |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 85. (contd.) Imipramine Hydrochloride | Presamine | light blue round tablet (10 mg) | USV Laboratories | 40* | [illegible]* |
| Imipramine Hydrochloride | SK-Pramine | blue round tablet (10 mg) | Smith Kline & French | 38* | [illegible]** |
| 90. Amoxicillin | Larotid | beige capsule (500 mg) | Roche Laboratories | 38* | 426* |
| Amoxicillin | Amoxil | blue/pink (500 mg) | Beecham Laboratories | 9* | 405* |
| Amoxicillin | Polymox | pink/reddish brown (500 mg) | Bristol Laboratories | 10* | 405* |
| 7. 20.0mg phenobarbital 0.3mg ergotamine tartrate 0.1mg belladonna alkaloids | Bellergal | pink sugar-coated | Dorsey Labs | 13* | 418* |
| 20.0mg phenobarbital 0.3mg ergotamine tartrate 0.1mg belladonna alkaloids | Dolatrin | blue sugar-coated | Century Labs | 704** | - |
| 8. Diphenhydramine Hydrochloride | Benedryl | white/pink capsules (25 mg) | Parke-Davis | 23* | 421* |
| Diphenhydramine Hydrochloride | SK-Diphenhydramine | green capsule (25 mg) | Smith Kline & French | 30* | 1626** |
| 46. Nitrofurantoin | Macrodantin | opaque yellow/white capsules (50 mg) | Eaton Laboratories, Inc. | 808** | 418* |
| Nitrofurantoin | —— | yellow tablets (50 mg) | Zenith Laboratories, Inc. | 1757** | - |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. or other source | 1979 PDR |
|---|---|---|---|---|---|
| 47. Nitrofurantoin | Macrodantin | opaque yellow capsules (100 mg) | Eaton Laboratories, Inc. | 808** | 498* |
| Nitrofurantoin | —— | yellow tablets (100 mg) | Zenith Laboratories, Inc. | 1757** | |
| 69. 150mg theophylline 90mg glyceryll guaiacolate (guaifenesin) | Quibron | yellow capsules | Mead Johnson Co. | 21* | 415* |
| 150mg theophylline 90mg guaifenesin | S10-Phyllin GG | white capsule | Dooner Laboratories, Inc. | 13* | 400* |
| 74. Reserpine | Serpasil | white scored tablet (0.25 mg) (0.1 mg) | Ciba Pharmaceutical Co. | 12* | 408* |
| Reserpine | Sandril | orange tablet (0.1 mg) green tablet (0.25 mg) | Eli Lilly | 992** | 1055** |
| 78. Chlorpheniramine Maleate | Teldrin | green/clear capsules (12 mg) | Smith Kline & French | 37* | 433* |
| Chlorpheniramine Maleate | Chlor-Trimeton Repetabs | light orange sugar-coated tablets (12 mg) | Schering Corp. | 32* | 429* |
| 79. Chlorpheniramine Maleate | Teldrin | green/clear capsules (8 mg) | Smith Kinke & French | 37* | 433* |
| Chlorpheniramine Maleate | Chlor-Trimeton Repetabs | yellow sugar-coated tablets (8 mg) | Schering Corp. | 32* | 429* |

| Generic Name | Brand Name | Color | Distributor | 1977 PDR Page No. of other source | 1979 PDR |
|---|---|---|---|---|---|
| Chlordiazepoxide Hcl 10mg | A-Poxide | green/evergreen capsule | Abbott Laboratories | | 4[illegible] |
| Chlordiazepoxide Hcl 10mg | SK-Lygen | pink/orange capsule | Smith Kline & French | 1488[illegible] | [illegible] |
| Chlordiazepoxide Hcl 10mg | None | black/tan capsule | E. R. Squibb & Sons | | 1638[illegible] |
| Chlordiazepoxide Hcl 10mg | None | black/blue capsule | Lederle Laboratories | | 414[illegible] |
| Chlordiazepoxide Hcl 10mg | Librium | black/green capsule | Hoffman La Roche | 30[illegible] | 426[illegible] |
| Chlordiazepoxide | None | light green/dark green capsules | Parke Davis | | 1288** |

794a

Plaintiff's Exhibit 130A

DEFENDANT'S EXHIBIT 6 (INWOOD)

# ARE GENERICS SAFE?

DEFENDANT'S EXHIBIT
6
INWOOD

*Prepared by the New York State Assembly's Office of Legislative Oversight and Analysis for the First National Conference on Generic Drugs, Mayflower Hotel, June 23-24, 1978*

**Stanley Steingut**
**Speaker of the**
**Assembly**

**Defendant's Exhibit 6 (Inwood)**

## INTRODUCTION

The issues raised by this Conference are not new or unique. They have been investigated and debated for two decades. Beginning with the efforts of the late Senator Estes Kefauver, the ethical drug industry has been subjected to intense scrutiny. Senators Long, Nelson and Kennedy replowed the Kefauver ground and explored new aspects of the industry's grip over the prescribing habits of the nation's 256,000 physicians. Why, they all asked, if drugs prescribed under their generic name are identical with drugs prescribed under their trade names, do the nation's doctors, who learn to prescribe generically in college, continue to prescribe the high priced product? The issue became even more complex when doctors who used generic products in their hospital practice (where generic formularies were established to reduce costs) refused to do so in their private practice?

Some of the answers were obvious. After the second year in medical school, the physician receives most of his drug information from salesmen. The medical journals he reads are often the handmaidens of the drug industry, dependent on their advertising to survive. Even the Journal of the American Medical Association sold out to the advertisers when the public relations firm it hired told them to terminate their prestigious Council on Drugs and to change their outspoken support of generic prescribings if they wanted to increase their advertising revenues. As late as last month the AMA Journal, bulging with drug company ads, admonished physicians---in both a misleading article and an editorial,---not to trust generic prescribing.

That misleading article, we are sorry to note, made the national news wires (without dissenting comment), was quickly translated into local stories by AMA doctors and now appears as a standard "letters to the editor" item in small town newspapers. The federal government is still slowly grinding out a response which, when it appears, will do little to rectify the damage. The "big lie", heavily promoted, has been the technique of this industry. Their multi-billion dolcar advertising budget, and all that implies, hangs as a heavy hammer over the heads of anyone challenging the industry. In past years, that budget drifted into politics and wiped out the PMA's political opponents. Those days are <u>almost</u> over.

The generic battle had its origins with the military in the fifties. A tough old admiral, angered at the high price of prescription medicine, and the refusal of American companies to sell him equivalent products at lower prices, went overseas for bids and, in so doing, set in motion a process, generic prescribing, which has now spread to all military and government purchases (with the President's Office of Management and Budget assigning the quality assurance guarantees to the FDA),

Defendant's Exhibit 6 (Inwood)

to most public and private hospitals, and to some public spending and third party payment plans. Left out in the cold were the families who earned over $5,000 a year, the large American middle class.

To block the spread of the concept to consumers, the PMA, using a political arm, raised the scare flag of "counterfeit drugs", assembled a multi-million dollar warchest, and, within a few years, every state in the Union had passed both anti-substitution and anti-advertising laws. A pharmacist, no matter his training, or a consumer, no matter his desire, could not get a generic drug substituted for the higher priced trade name product (although, in some states, it was permissible to substitute the trade name product for the generic).

With that victory in hand, the industry focused its multi-billion dollar campaign on the physician. Ironically, physicians learn to prescribe generically in medical school and most medical schools follow the example of Dr. Robert H. Ebert, Dean of Harvard Medical College who recently sent a memo to the Faculty of Medicine stating:

> "Almost all studies show that generic drugs and name-brand drugs are indistinguishable in therapeutic effectiveness, purity or accuracy of labeling.
>
> "The exaggerated and probably false distinction between brand-name and generic drugs claimed in advertising by drug firms is regrettable.
>
> "The Faculty of Medicine should maintain its awareness of such questionable practices in the marketing of drugs and counteract this practice through their own habits of prescription writing and those they teach to their students."

But twenty years of brainwashing is difficult to unwind. When the nation was unaware of its practices, the detailmen of the industry (operating under a budget which ranges between $3,000 and $5,000 for every physician in the country) bought their way into the doctor's office with a list of replenishable free samples, presents and cash and dispensed not only incomplet and overstated claims about his products, but told and retold scare stories about generic failures, most of them distorted, taken out of context, or told without reference to the misconduct of the major companies (so clearly outlined in Senator Nelson's statement in this booklet). In New York one major firm's ampicillan plant was closed down for contamination. Another was repeatedly cited for violations and did little to correct the problems.

Against the FDA's scientific and systematic review of drug products (the most thorough testing available in the world today) single episodes of doctors were told, stories which were

not subject to independent scientific evaluation (an example of this technique can be found in the Private Practice article used in this booklet).

Dr. Donald Kennedy, FDA's new and aggressive Commissioner, has repeatedly said that their review shows no substantial difference between the recals of trade and generic houses when they come within the scope of either ANDA's and NDA's, except, in terms of volume, the major companies' recalls are astronomical when compared to their smaller generic counterpart companies.

The story became even more absurd when the New York State Assembly, in its inquiry into "branded generics" learned, under oath, that the majors frequently use the smaller generic companies to make their products---at price differentials of 400 percent (see the articles in this booklet on branded generics). Some companies, embarrassed by the conflict with their physician's campaign, hide the fact that the smaller companies produce their trade name products. To get around new state laws requiring manufacturers disclosure, they place "a man in the plant" who stands around when the generic company runs their product down the assembly line. The generic houses are sometimes co-opted in their criticism of their large benefactors because of this process. One generic manufacturer, who is attending this Conference, summed it up neatly when asked to appear, under subpoena, before the New York Assembly: "What do you want me to do, cut off the arm that feeds me?"

The one-to-one lobbying of detailmen, and the "paid cooperation" of some medical journals, is enough to stop a new state law in its tracks. In New York, where substitution of a lower priced generic is mandated if the physician signs on a line on the right hand side of the prescription (his normal procedure, we were told), the physicians are blocking effective implementation of the law, by the simple process of signing on a line to the left which was designed for singular situations in which a physician believes his patient, for unique reasons, needs a particular product, even though it is medically interchangeable with a lower priced counterpart drug. During the first two months of the New York law, three out of four physicians are signing to the left. They are the targets of a temporarily successful campaign of the detailmen and the pharmacists, who had bitterly opposed the new law. In Michigan and Wisconsin, as you will learn from Dr. Goldberg during the Conference, over 95 percent of the physicians permit substitution and do not exercise their option to write across their prescription "dispense as written". On the surface, it looks as if the doctors are lazy; require them to write it out and they will comply. The legislative answer, it seems, is not that simple. In Wisconsin and Michigan the option to substitute rests with the pharmacist who, the study indicates, is not substituting to the extent intended by the state legislation. There the pharmacist is the target of the drug companies.

The lesson is clear: the ability of the drug companies to block implementation of state laws is not to be underestimated. A law on paper means little if the consumer doesn't share the benefits of substitution. The political victory is not won when the Governor signs the law.

The industry is also effectively using the "quiet clause" technique of undercutting state laws. As you will learn from reading the Wall Street summary of the impact of state laws, industry slips little clauses into state legislation which have the effect of preventing widespread substitution. It now appears that the Federal Trade Commission, and HEW are moving into this void with model laws. We might even get a little healthy competition between the two segments of government rushing in to help the consumer. In the past, neither agency has been of much use to the consumer on this issue. New leadership, and the initiative of the Carter administration on cost containment, promises a new day. The drug industry lobbyist-lawyers, who have had free access to the back door of the White House since the days of Dwight Eisenhower are finding deaf ears at the White House these days, due in part, we believe, to Carter's populist instincts, which, in this case, parallel those of Louisiana's Senator Long, a man who is not exactly the hero of consumers on tax or oil issues.

Industry has some new tactics up its sleeve. They want major changes in the authority of FDA to regulate their practices in breakthrough drugs and overseas sales (which account for 40 percent of their market) and to keep their executives out of jail if they engage in corrupt practices. These items, and the otherwise worthwhile aspects of the Drug Reform Act of 1978, will be reviewed at the Conference. This booklet contains a review of the law and an "in-house" consumer analysis of its provisions.

The industry is moving towards the concept of higher priced branded generics to slip under the substitution legislation under the theory that if you can't beat them, join 'em. They are now charging higher prices for single source products. They are about to surreptitiously push for "consumer legislation" which will allow Joe Citizen to come into a pharmacy and say "Don't give me any of those inferior generics, give me (trade name) tetracycline!" That this is a 180 degree turnabout of their current tactics doesn't even phase the industry. Documents which have been reviewed by the New York State Assembly reveal that some of the budget now allocated to the medical press, will be shifted into public media, as per aspirin, so consumers will become addicted to the concept that generics are unsafe and the only assurance is in trade name products. If you watch carefully, you can see the beginnings of this campaign on both national television and in local advertisements. New York State has officially complained to FDA and FTC on specific advertisements, but

it is much like plugging up a hole in the Dutch dam with your thumb.

The best of all possible worlds would be the course advocated by Senators Long and Nelson, the establishment of a "Formulary of the United States" which would make value judgments on the effectiveness and need of drug products and peg federal reimbursements to those scientific decisions. That approach would not only attack the issue of over-pricing, but the more important issue of over-prescribing.

State Formularies are not filling that gap. The New York State Formulary of medically interchangeable drugs won the approval of the FDA because of courageous men like Dr. Marvin Seife and his colleagues within the FDA, the quiet intervention of Senators Kennedy and Nelson, and the action of the new Commissioner, Don Kennedy. But ours was the most conservative of lists. Massachusetts and Vermont have more complete forumlaries. Our strategy then, as now, was to start the process, get other states to stand on the little piece of ground we had cleared, and, eventually, have the federal government do what it should have done years ago, put out a list of interchangeable drugs with prices alongside the drugs and promulgate this material to the physicians of this country in one last effort to appeal to their intellect before moving towards restrictive regulation which both physicians and legislators dislike. In New York, the physicians have already been warned by the Speaker of the Assembly, Stanley Steingut, that unless they shape up and follow the intent of our law, they are in for stricter regulation.

The states are in no position to fight the drug companies one-by-one. We need an aggressive HEW, FDA and FTC to stand alongside a Congress which has found its courage, and a Justice Department which for the first time in two decades is moving in on the drug companies. With their help, and our state laws, prices can tumble dramatically and end, once and for all, the generic deception which has not only hurt consumers, but prevented the American drug industry from engaging in more meaningful research.

As for this booklet, it comes from my files, notes and all. These were the articles and leads which helped us keep track of the industry. It was through these articles that we found our friends and learned about our enemies (Wall Street, believe it or not, is the most honest commentator around).

If you need help in the months ahead, or can't read an article enclosed, let us know.

New York will publish a drug newsletter which, if you like, can be sent to you on a regular basis.

The contact point is: Office of Legislative Oversight and Analysis, Room 5026, Two World Trade Center, New York, New York 10047.

Excuse the informality of this introduction and the booklet, but it's our style.

William F. Haddad

**Defendant's Exhibit 6 (Inwood)**

P r e s e n t:

WILLIAM HADDAD

* * *

THE CHAIRMAN: Good morning ladies and gentlemen.

My name is Harvey Strelzin and I am chairman of Consumer Affairs and Protection.

For 20 years the major drug manufacturers have successfully maintained that drugs prescribed under their generic names are ineffective and unsafe.

In that time they have spent billions of dollars to promulgate that untruth. They have co-opted and corrupted large segments of the medical profession and the medical media with these arguments.

Theirs was not a scientific concern. Theirs was a search and a reach for unwarranted profit based on the promulgation of these falsehoods.

What they have done, we are about to undo. It will not be an easy unwinding. It will take time and effort, and it will take the full cooperation of the public media.

What we must unwind is no less than a 20-year brainwashing of the medical profession.

Doctors who first learn of drugs by their generic names are slowly seduced by the drug industry's detail men -- the main channel for the flow of medical information -- and the drug industry's promotion campaign into believing that prescribing generically is unwise, unsafe, ineffective and

dangerous.

The busy doctor -- who cannot be completely obsolved of his role in this sordid matter -- has allowed himself to be seduced into writing prescriptions which cost their patients three to seven times as much for a drug as need be paid.

There were times when these differences ran as high as 400 percent. And there were times that vital medicines could not be used by the poor and the elderly because they could not afford them.

Today we will introduce into evidence a list of safe, effective and interchangeable drugs which should become the bible of all state agencies, all doctors and all pharmacists. Each manufacturer on that list has been approved by the Food and Drug Administration to produce, under inspection, a drug which is completely and safely interchangeable with the reference drug in its category.

This is the list the drug industry said did not exist. This is the list that the drug industry said could not be produced. This is the list which we have cold from the Food and Drug Administration and it has been certified by Dr. Donald Kennedy, the Commissioner of the Food and Drug Administration, as the certified list of safe, effective and interchangeable drugs.

We have our first witness today, Dr. Seife, who will testify to some of the monumental questions which will be posed to him and which will indicate for the first time that these drugs are safe, effective, interchangeable and they are generic

**Defendant's Exhibit 6 (Inwood)**

and may be used in the place of brand-name drugs.

To that end, we have through our director here, Bill Haddad, we were able to cull this list which has now been made available to the people of the State of New York, to the consumer and in accordance with the bill that was passed in the Assembly, which we hope will be passed in the New York State Senate, we will have a list -- a formulary -- set up by the Commissioner of Health of the State of New York which will be a compilation of these generic drugs which has been taken from the Food and Drug Administration and certified as safe and interchangeable.

Dr. Seife, will you please take the witness stand.

M A R V I N S E I F E, having been duly sworn by the Chairman, testified as follows:

EXAMINATION BY MR. HADDAD:

Q. Would you state your full name and your affiliation.

A. My name is Marvin Seife. I am a physician with the Food and Drug Administration in the capacity of Director of Generic Drug Monographs, Bureau of Drugs.

Q. Dr. Seife, have you reviewed this list of compilation?

A. Yes, very actively so.

Q. As you know, we plan to submit this to the industry and to all the companies mentioned and then back to the FDA for final purification to take out any typographical errors.

Within that context would it be fair to say that this list represents, in the first instance, two categories of prescription drugs, those which can be purchased from only one source and those which can be purchased from more than one source?

A. Yes.

Q. Let us focus for a moment on the multi-source drugs.

Is it true that each of these drugs is matched against a reference drug?

A. Yes.

Q. Is it true that each of the drugs listed is interchangeable with a reference drug?

A. Yes.

Q. Is it true that each of these drugs is safe?

A. Yes.

Q. Is it true that each of these drugs is effective?

A. Yes.

Q. Although we both recognize that the bioequivalent and bioavailability arguments have been misused by the drug industry to postpone the use of generics, is it not true that all of the drugs listed in group one on this list -- what the FDA calls the vast majority of the drugs -- are both bioequivalent and bioavailable, or in short, completely therapeutically identical?

A. Yes.

Q. Can a doctor be assured when he prescribes a certain drug and it is here, that it is interchangeable with its reference drug?

A. Yes.

Q. Can a pharmacist, if he were allowed to by law, safely substitute a generic product from this list for a trade name prescri by the doctor?

A. Yes.

Q. This list includes both drugs and manufacturers.

Can you tell us if there is any difference in the way

**Defendant's Exhibit 6 (Inwood)**

THE ASSEMBLY
STATE OF NEW YORK
ALBANY

WILLIAM F. HADDAD,
Director

DAVID E. LANGDON,
Assistant Director

Office of Legislative Oversight
and Analysis
Room 942
State Capitol
Albany, New York 12224

This memo was prepared for legislators to use in conducting a survey within their own districts. Many did so and received widespread local media coverage because of the wide differentials in the price of generic and trade name products. Since the survey, there is more competition in the anti-biotic area, but you will still discover price differences of over 100 percent. The differences for chlordiazepoxide (Librium) are astronomical. While over-all averages are important, you can make the most impact when you cite prices on drugs in common use.

February 23, 1978

TO: Legislators

FROM: William F. Haddad
Office of Legislative Oversight and Analysis

RE: How to Conduct a Local Prescription Drug Survey

The New York State generic substitution law becomes effective April 1, 1978. (Chapter 776, Laws of 1977). Under the new Law, the pharmacist is required to substitute an equivalent, less expensive generic drug every time a high priced trade name drug is prescribed. The only exception occurs when the physician exercises his right to sign to the left of the prescription pad, over the printed statement, "Dispense as Written".

The price difference between the brand name and generic at the wholesale level is fantastic. Nothing in the law says the pharmacists has to pass on those wholesale price differentials to the consumer. For this law to provide big savings to the consumer, it will mean discriminating consumer shopping and effective monitoring. Local Prescription Drug Surveys are the start.

Now might be an ideal time to survey pharmacies in your area for drug price comparisons. A well conducted and well publicized survey will accomplish two objectives:

(1) it will alert consumers to the potential savings under the new law, and

(2) it will alert all of us to the problems which may undermine the intent of the law, and prevent consumers from fully benefiting from the potential savings.

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The lead on a press release announcing the survey results may read: "A prescription for Achromycin V filled on the last day of March will cost you $12.04. The same prescription filled the very next day, April 1, 1978, will cost you only $3.89".

The Issues

In conducting the survey, you and your staff should be alert to the following issues.

1) Branded Generics. In an attempt to subvert the intent of the New York State Law, the major brand name companies have introduced their own lines of generic drugs, the so-called "branded generics". Branded generics are not true generi s. Survey after survey has shown that they do not and will not provide the extensive savings called for by the Law and available from true generic drugs.

Ask the pharmacist the name of the manufacturer of the generic drug he is dispensing. The pharmacist may not realize that, in dispensing a branded generic, he is transgressing the intent of the New York State Law.

Note: You may decide to expand your survey to include the prices of the branded generics, as well as the prices of generic and brand name products.

2) Price Posting. Under the Education Law, the pharmacist is required to post the prices he charges for each of the 150 most frequently purchased drugs. Spot checks have shown that many pharmacists are not displaying the price chart. If the chart is not "conspicuously posted" find out why.

Even where posted, the chart will not provide all of the information necessary for the conduct of the survey. Some price quotes will have to be obtained directly from the pharmacist. The pharmacist is not required to quote prices over the phone, though many will; the pharmacist is required to answer all in-store questions regarding the prices of his drugs.

This section of the Education Law is presently being reviewed for amendment. It has been proposed that a comparative method of price listing would be more useful in light of the new Law.

Defendant's Exhibit 6 (Inwood)

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3) Liability. Pharmacists have been expressing concern over the liability of the pharmacist under the new law. Their fears are the result, at least partly, of scare campaigns initiated by some of the major drug companies. The fact is that, though generic substitution laws have been in place for five years, not a single case has ever been brought to court. Brand name manufacturers promise pharmacists "product liability protection", and say so prominently in literature and advertisements, but representatives from three major firms, when questioned at the recent Assembly hearings, could not think of a single instance in which a claim had been made on the policy.

The Committee on Consumer Affairs and Protection expects to hold hearings on the issue of pharmacists' liability later during this session.

Conduct of the Survey

Attached is a list of 15 drugs for comparison in a price survey. The drugs were selected on the basis of (a) availability from more than one source (i.e., no longer covered by patent) and, (b) frequency of use.

Select the drugs to be compared. Print them on the survey form (sample survey form attached).

Select 8 - 12 pharmacies in your area. Using the form, record the prices charged for each drug by each pharmacist. Be specific about dosage form and quantity.

When all prices are recorded, transcribe the results to a master sheet. You will be tracking two statistics for each drug: (1) the average price of the generic product compared to the average price of the brand name product, and, (2) the lowest priced generic found anywhere, compared to the highest priced brand name found anywhere.

The first statistic, the difference between the averages, indicates the savings that the average shopper can expect under the new law. The second statistic, the difference between the extremes, indicates the savings a particularly avid shopper will find.

When all statistics are assembled, the difference in price between the generic and the brand name products may be shown either as a dollar "Savings" figure, or as a percentage "% Difference" figure.

Defendant's Exhibit 6 (Inwood)

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Caution

1) Our past surveys have documented that many pharmacists do not carry generic equivalents. Beginning April 1st, they will have to. If you do a survey before April 1st, make sure to note those instances when generics are not available.

2) Always make sure to record the manufacturer's name of the generic drug when getting a price quote. Knowing the manufacturer's name is as important as knowing the price.

Notes

1) Antibiotics (the penicillins, tetracyclines, etc.) are particularly dramatic subjects for price comparisons because all antibiotics, generic and trade products alike, are batch-tested by the FDA before they may be released to the public. Only one other drug, Insulin, is similarly batch-tested.

2) If you want to particularly dramatize the issue for television, have a friendly doctor write out several prescriptions in both the trade and generic names, then purchase the drugs in the same pharmacy.

If you have any questions please call: David Langdon, (518) 472-3473 or Jean Callahan (212) 488-3728.

SAMPLE SURVEY FORM

Pharmacy _____

Address _____
Telephone No. _____
Date _____

| GENERIC DRUGS | | MANUFACTURER | PRICE | TRADE NAME DRUGS | MANUFACTURER | PRICE |
|---|---|---|---|---|---|---|
| Amitriptyline | 25mg tabs/100 | | | Elavil | MSD | |
| Ampicillin | 250mg caps/20 | | | Polycillin | Bristol | |
| Chlordiazepoxide | 25mg caps/100 | | | Librium | Roche | |
| Chlorothiazide | 500mg tabs/100 | | | Diuril | MSD | |
| Conjugated Estrogens | 1.25mg caps/100 | | | Premarin | Ayerst | |
| Erythromycin | 250mg caps/100 | | | E-Mycin | Upjohn | |
| Meprobamate | 400mg tabs/100 | | | Equanil | Wyeth | |
| Oxytetracycline | 250mg caps/100 | | | Terramycin | Pfizer | |
| Papaverine | 150mg caps/100 | | | Pavabid | Marion | |
| Penicillin VK | 250mg tabs | | | V-Cillin K | Lilly | |
| Prednisone | 5mg tabs/1000 | | | Paracort | Parke Davis | |
| Propoxyphene | 65mg caps/100 | | | Darvon | Lilly | |
| Reserpine | .25mg tabs/100 | | | Serpasil | Ciba/Geigy | |
| Sulfisoxazole | 500mg tabs/100 | | | Gantrisin | Roche | |
| Tetracycline | 250mg caps/100 | | | Achromycin | Lederle | |

Compiled by _____

## DRUGS FOR COMPARATIVE PRICE SURVEY

| GENERIC NAME | BRAND NAME & MANUFACTURER | | DOSAGE | QUANTITY |
|---|---|---|---|---|
| 1. Amitriptyline HCL (an anti-depressant) | Elavil | MSD | 25 mg tabs | bottles of 100 |
| 2. Ampicillin (antibiotic) | Polycillin | Bristol | 250 mg caps | bottles of 20 |
| 3. Chlordiazepoxide HCL (sedative) | Librium | Roche | 25 mg caps | bottles of 100 |
| 4. Chlorothiazide (diuretic) | Diuril | MSD | 500 mg tabs | bottles of 100 |
| 5. Conjugated Estrogens (hormone) | Premarin | Ayerst | 1.25 mg caps | bottles of 100 |
| 6. Erythromycin (antibiotic) | E-Mycin | Upjohn | 250 mg caps | bottles of 100 |
| 7. Meprobamate (tranquilizer) | Equanil | Wyeth | 400 mg tabs | bottles of 100 |
| 8. Oxytetracycline HCL (antibiotic) | Terramycin | Pfizer | 250 mg caps | bottles of 100 |
| 9. Papaverine (anti-senility) | Pavabid | Marion | 150 mg caps | bottles of 100 |
| 10. Penicillin VK (antibiotic) | V-Cillin K | Lilly | 250 mg tabs | bottles of 100 |
| 11. Prednisone (anti-inflammatory) | Paracort | Parke Davis | 5 mg tabs | bottles of 1000 |
| 12. Proposyphene (analgesic) | Darvon | Lilly | 65 mg caps | bottles of 100 |
| 13. Reserpine (antihypertensive) | Serpasil | Ciba/Geigy | .25 mg tabs | bottles of 100 |
| 14. Sulfisoxazole (anti-infective) | Gantrisin | Roche | 500 mg tabs | bottles of 100 |
| 15. Tetracycline HCL (antibiotic) | Achromycin | Lederle | 250 mg caps | bottles of 100 |

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Defendant's Exhibit 6 (Inwood)

Defendant's Exhibit 6 (Inwood)

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NEW YORK STATE DRUG PRICE SURVEY
Trade Name Drug Prices vs. Generic Drug Prices
JUNE, 1977

In the second week of June, 1977, the NYS Assembly Office of Legislative Oversight and the New York Public Interest Research Group surveyed the prices paid for nine frequently prescribed drugs in six New York State communities. Eight pharmacies were polled in each of the six communities.

The six communities were:

Albany
Binghamton
Buffalo
New York City
Rochester
Syracuse

The prescription drugs were:

| price/100 | | ('76 rank) | GENERIC EQUIVALENT |
|---|---|---|---|
| Equanil | Wyeth | 90 | Meprobamate |
| Hydropres-50 | MSD | 72 | Hydro & Reserpine |
| Librium | Roche | 8 | Chlordiazepoxide |
| Lomotil | GS Searle | 31 | Diphen & Atropine Sulfate |
| Pavabid | Marion | 58 | Papaverine |
| Ser-ap-es | CIBA | 40 | Hydralazine HCl & others |
| Darvon Comp-65 | Lilly | 15 | Propoxyphene Compound |
| Hydrodiuril | MSD | 6 | Hydrochlorothiazide |
| price/20 | | | |
| Polycillin | Bristol | 121 | Ampicillin |

Survey results were analysed community by community; community figures were compiled to obtain a statewide profile of drug purchase prices.

The purpose of the survey was to obtain current information regarding the price differences between generic drugs and their brand name counterparts, on a community by community basis.

## NEW YORK STATE SURVEY: PRICES PAID FOR NINE FREQUENTLY PRESCRIBED DRUGS

| TRADE NAME | GENERIC NAME | average highest price for trade, all stores | average lowest price for generic, all stores | AVERAGE DIFFERENCE between gen & trade, all stores | PERCENT DIFFERENCE between gen & trade, all stores |
|---|---|---|---|---|---|
| price/100 | | | | | |
| Equanil | Meprobamate | $11.57 | $2.50 | $6.06 | 342% |
| Hydropres-50 | Hydro & Reserpine | 14.68 | 4.91 | 6.48 | 232 |
| Librium | Chlordiazepoxide | 11.53 | 3.74 | 3.85 | 203 |
| Lomotil | Diphen & Atropine Sulfate | 16.18 | 8.31 | 6.38 | 177 |
| Pavabid | Papaverine | 15.23 | 5.23 | 5.90 | 213 |
| Ser-ap-es | Hydralazine HCl & others | 13.53 | 6.36 | 6.39 | 200 |
| Darvon Comp-65 | Propoxyphene Compound | 11.90 | 3.67 | 3.85 | 205 |
| Hydrodiuril | Hydrochlorothiazide | 9.24 | 2.70 | 3.09 | 215 |
| price/20 | | | | | |
| Polycillin | Ampicillin | 7.08 | 2.18 | 2.45 | 212 |

-prices current as of June, 1977
-survey conducted by:
Assembly Office of Legislative Oversight & Analysis, and the New York Public Interest Researc Group

Defendant's Exhibit 6 (Inwood)



THE ASSEMBLY
STATE OF NEW YORK
ALBANY

WILLIAM F. HADDAD
Office of Legislative Oversight
and Analysis
World Trade Center Two
Room 5028
New York, New York 10047

# REPORT ON BRANDED GENERICS

FEBRUARY 1978

Jean Callahan
Dee Fensterer
David Langdon
William Haddad

WHAT ARE BRANDED GENERICS?

A subtle and little understood development threatens to undermine the intent and effectiveness of New York State's new generic substitution law.

The development is at once simple and ingenious.

While ferociously resisting for the last ten years the trend towards generic substitution, the major brand name firms at the same time anticipated the inevitable. While the left hand maligned generic manufacturers, the right hand began to provide for the production of the major firms' own generic products.

One or two companies made the first strategic decision; other companies followed. By now, in 1978, a growing segment of the prescription drug market is made up of generic drugs sold by brand name firms, that is, branded generics.

WHY BRANDED GENERICS?

Having prepared for the inevitable, trade name companies are in an ideal position to promote and benefit from their branded generic lines. At least five states (New York among them) now require generic substitution. Another 28 states permit generic substitution. The remaining states have tried, or are now trying, to pass similar legislation. Generic drugs have become widely identified with consumerism, and with lower cost. Chain stores are beginning to devote entire pages of news-print to informative advertising on generic drugs.

At the same time, there remains a lingering distrust of generic firms and a nearly instant identification with the major trade name companies (the result of successful

industry campaigns to discredit and mark as inferior all non-trade products.)

This is the vacuum which the manufacturers of branded generics intend to fill: on the one hand, the positive attitude towards generics; on the other hand, the uncertainty still surrounding the small generic manufacturer.

BRANDED GENERICS: AT WHAT PRICE?

Since the introduction of branded generics, the Office of Legislative Oversight has closely observed pricing trends. Surveys conducted at both the wholesale and the retail level (July 1977 and January 1978) have documented what close observation suggested: branded generics represent a small savings over brand name drugs, but do not begin to approach the savings available from the generic equivalent. We have seen the development of a three tiered pricing system, with branded generics falling between the low priced generic and the high priced brand name drug.

And what is the consumer paying for when he purchases the branded generic at a price more than 400 percent greater than the generic product? Is the price worth what a Lederle executive called the "value added" which derives from the trade name label? Is the branded generic different from, better than, the generic?

Two sets of facts should help to answer the question: what does the federal agency responsible for regulating the drug industry say? And, who actually manufactures the branded generics?

WHAT DOES THE FDA SAY?

Dr. Donald Kennedy, Commissioner of the FDA, appeared on nationwide television on January 24, 1978 to endorse the NYS interchangeable formulary and to respond to the question: Do the major brand companies exercise better quality control than the small generic companies in the manufacture of their trade name or generic drugs? Dr. Kennedy responded: "Our information does not suggest any thing of the

sort. We've maintained compliance records on all of the firms that make drugs. As far as our records are concerned, large and small firms, brand name firms and generic firms, have indistinguishable records of performance."

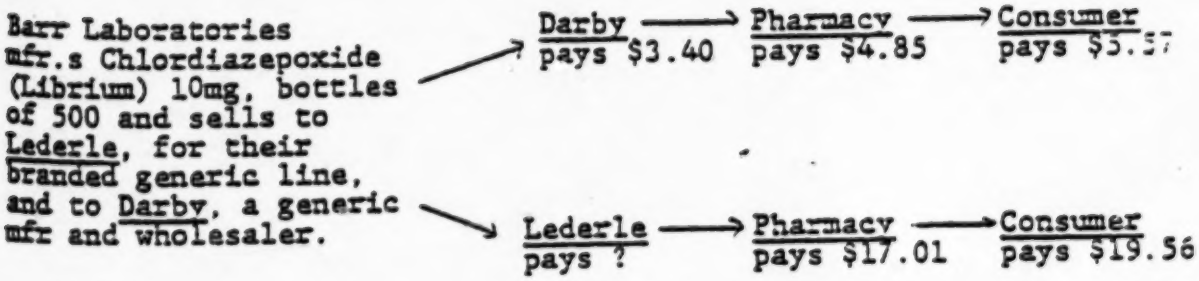
WHO MANUFACTURES THE BRANDED GENERICS?

When the trade name firms expanded into generics, they did not increase the capacity of their own facilities. They subcontracted the work out to generic firms. A series of contradictions have sprung from this first irony.

PMA companies attacking generic firms as inferior and unreliable could not let it become known that a growing number of their products were actually being manufactured by the generic houses.

Our office has documented cases in which the generic manufacturer sells his product to both a trade name house and to a wholesale distributor. Same facility, same equipment, same raw materials, same personnel, identical

specifications and procedures, but what happens to the prices paid by consumers?




In his local pharmacy the consumer will pay 2 to 3 times more for the branded generic than he will for the identically manufactured drug, sold under the generic manufacturer's own name.

Lederle Laboratories testified before the Assembly's Committee on Consumer Affairs & Protection that of 83 drugs in their "standard products" line (generics), all but possibly two are manufactured under contract by outside generic firms. Lederle is one company which prints on its labels "manufactured by_____, distributed by Lederle". Other drug companies do not disclose the actual manufacturer of the branded generics.

Major firms commonly avoid manufacturer disclosure by a legal fiction known as "man-in-the-plant". The trade name firm

leases the generic plant for the hours or day. it takes to produce its product. For the length of time the batch is run, a single employee from the contractor sets up an office in the generic plant. Man-in-the-plant arrangements have, till now, successfully eluded state statutes which require disclosure of the true manufacturer.

CONCLUSION

The issue is confusing enough that the consumer may easily obtain a branded generic, and believe himself to be achieving the full potential for savings under the new law. As our surveys have conclusively indicated, he will not be. He will at best gain a marginal savings over the old, high priced, trade name drug.

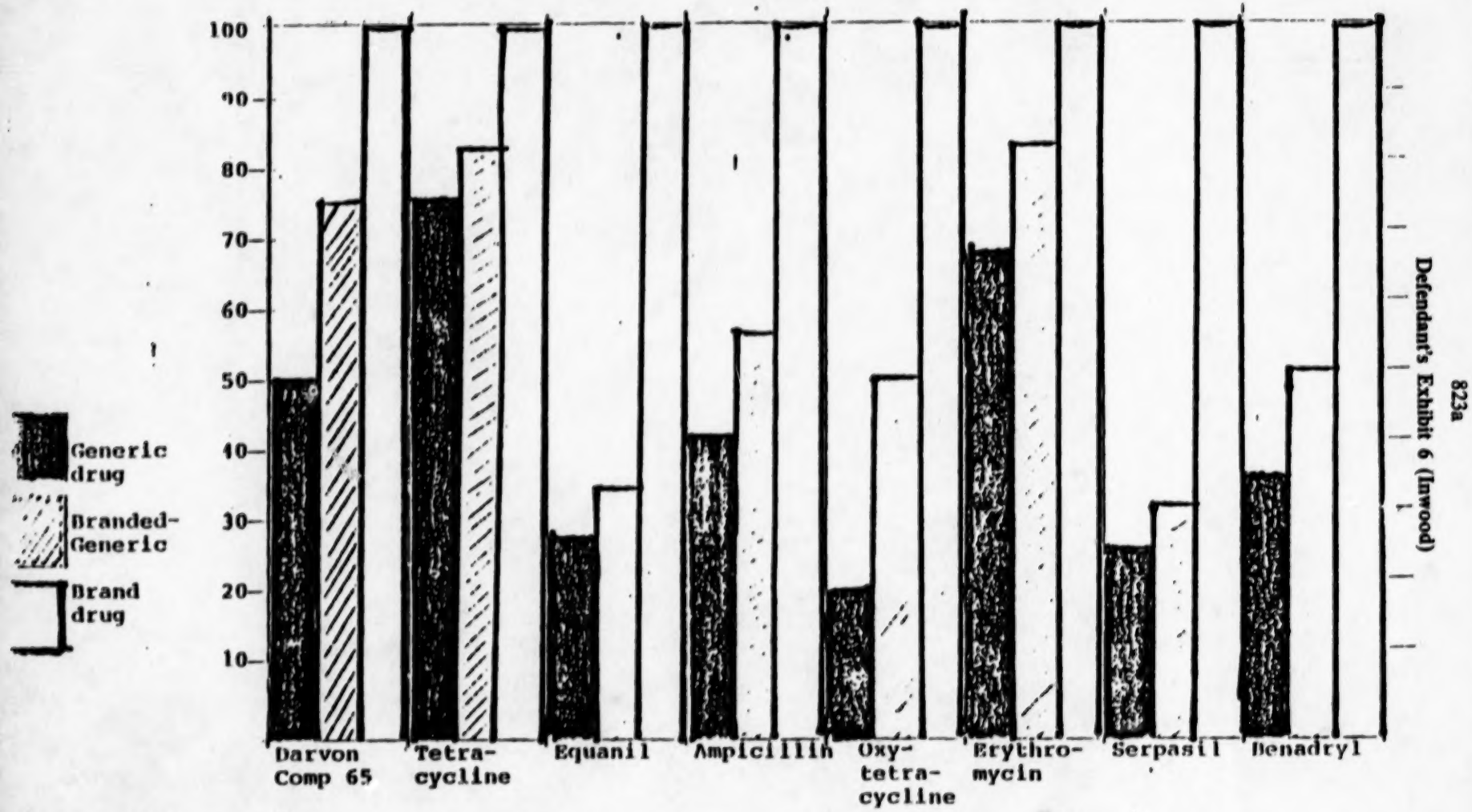
Discussions have indicated that pharmacists, too, are uncertain about the safety, effectiveness and interchangeat of generic vs. branded generics. The trade name manufacturers are responsible for this uncertainty and are employing

unethical tactics to sustain it. A recent scare film, made and distributed by Pfizer, warns the pharmacist of the extensive lawsuits he will be liable for when he substitutes generics in conformity with the new law. The film has no basis in fact. There is not one documented instance of a successful lawsuit or claim resulting from generic substitution.

To counteract this type of industry attack, the Legislature must continue its efforts through public hearings and media presentations, to insure that the State's consumers receive the benefits intended by this important Legislation.

BRANDED GENERICS

THREE DIFFERENT PRICES FOR THE SAME DRUG




Defendant's Exhibit 6 (Inwood)

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Defendant's Exhibit 6 (Inwood)

| DRUG NAME | (BARR) | |
|---|---|---|
| Dexamethasone Tablets .75 mg/100 (cortisone-like drug for relief of tissue inflammation) | $8.00 | $11.98 |
| Chlordiazepoxide HCL Capsules 10 mg/100 (a sedative) | $2.49 | $7.98 |
| Quinidine Sulfate Tablets 200 mg/100 (cardiac depressant) | $13.99 | $14.99 |
| Sulfisoxazole Tablets 500mg/100 (Anti-infection drug) | $2.99 | $4.99 |
| Hydralazine HCL Tablets 50 mg/100 (Anti-hypertensive drug) | $2.99 | $5.99 |
| Hydrocortisone Tablets 20 mg/100 (cortisone-like drug) | $6.99 | $8.99 |
| Promethazine HCL Tablets 25 mg/100 (antihistamine) | $1.99 | $3.99 |
| Prednisone Tablets 5 mg/100 (cortisone-like drug) | $2.95 (Philips Roxane) | $2.99 (SKF) |
| Triamcinolene Tabs 4 mg/100 (cortisone-like drug for relief of tissue inflammation) | $5.99 | $11.98 |
| Dexamethasone Tablets .75 mg/100 (cortisone-like drug for relief of tissue inflammation) | $8.00 | $14.99 |
| Quinidine Sulfate Tablets/100 200 mg/100 (cardiac depressant) | $13.99 | $19.99 |

Defendant's Exhibit 6 (Inwood)



LEDERLE LABORATORIES - Approved Drugs Actually Manufactured by Small Firm

| | |
|---|---|
| Dexamethasone Tablets 0.25,0.75,1.5 mg ("Decadron" MSD) | Barr Laboratories |
| Prednisone Tablets 5,20 mg. | " |
| Sulfisoxazole Tablets 500 mg ("Gantrisin" Roche) | " |
| Hydrocortisone Tablets 20 mg | " |
| Promethazine HCL Tablets 25,50 mg ("Phenergan" Wyeth) | " |
| Chlordiazepoxide HCL Capsules 5,10 25 mg ("Librium" Roche) | " |
| Quinidine Tablets 200 mg | " |
| Hydralazine HCL Tablets 25 mg ("Apresoline" Ciba) | " |
| Probenecid Tablets 500 mg | Mylan Pharmaceuticals |
| Chlorothiazide Tablets 250, 500 mg ("Diuril" MSD) | " |
| Propantheline Bromide Tablets 15 mg ("Pro-Banthine" Searle) | " |
| Reserpine Tablets 0.25 mg. ("Serpasil" Ciba) | Cord Laboratories |
| Rauwolfia Serpentina Tablets 50, 100 mg ("Raudixin" Squibb) | " |
| Nitrofurantoin Tablets 50,100 mg ("Cyantin" Lederle) ("Macrodantin" Eaton) | Ketchum Laboratories |
| Imipramine Tablets 10,25,50 mg ("Tofranil" Geigy) | Biocraft Laboratories |

**Defendant's Exhibit 6 (Inwood)**

# Companies' Packaging of Generic Drugs Is Called a Threat to Substitution Law

By RALPH BLUMENTHAL

Major pharmaceutical companies are steadily moving into the marketing of generic drugs, igniting fears among New York State legislative and consumer representatives that the state's new cheaper-drugs law is about to be undermined and the public deprived of expected cost savings.

Industry leaders acknowledge what one called "a big push" toward generic, or nonpatent, standard formula drugs. But they deny that the growing marketing of generic drugs in trade-name packages amounts to any attempt to circumvent the law that goes into effect April 1. Rather, they maintain, the advent of such so-called "branded generics" represents the best of both worlds for the consumer —trade-name products at cheaper prices.

The conflicting positions are producing a new furor over an issue that appeared to have been settled with enactment of the generic-drug law last Aug. 11. . .

[illegible] Swartz No. 46 Ins A Drugs B3 [illegible] 2d graf, beginning: Industry leaders

At stake is a hefty share of the estimated $10 billion that Americans spend on pharmaceuticals each year,—a market in which generics now account for about $2.7 billion, up an estimated 30 percent between 1972 and 1976, according to Legislative testimony.

The law requires the 12,000 pharmacists in the state to fill prescriptions starting April 1 with cheaper counterparts of patented trade-name drugs—that is, with generics in most cases—unless the physician specifically directs otherwise. He does this by signing his name on a special part of the prescription blank.

For example, a doctor may prescribe Terramycin, a trade-name antibiotic made by Pfizer. Under the new law, unless the doctor made it clear that he specifically wanted that trade-name drug, the pharmacist is required to substitute any cheaper counterpart that is certified as equivalent by the Food and Drug Administration. That could be oxytetracycline, the generic counterpart of Terramycin.

In this case, according to data collected by the state's Office of Legislative Oversight and Analysis, the savings to the consumer would be considerable.

A bottle of 100 capsules of 250 mg. oxytetracycline was priced at $5.49. The same quantity of Pfizer's Terramycin was selling for $29.99.

But the advent of branded generics has injected a new element. Now oxytetracycline is sold packaged by Parke Davis & Company. It was selling for $14.99, the legislative office found.

Ordinarily, the study noted, the pharmacist might still select the cheapest counterpart. But since the law requires only the substitution of a cheaper equivalent—and partly because of what the study called an industry campaign of "lies" and "deception" about the safety of unbranded generics—the pharmacist could turn to the growing lines of medium-price branded generics rather than the cheaper alternative.

In recent hearings, interviews and memos, the legislative office, directed by William F. Haddad, and the chairman of the Assembly's Consumer Committee, Harvey Strelzin, Democrat of Brooklyn, have raised an alarm over what they depict as an effort to "subvert" the law with such branded generic drugs.

Assemblyman Strelzin said at a legislative hearing on Jan. 12: "Branded generics are nothing more or less than generic drugs in a trade-name bottle. In many if not most instances they are produced by a generic house for the trade-name company. The only difference is price.

"If this attempt to evade the New York State law is not met head-on, gains to the consumer forecast under our law will all but be wiped out."

What it amounts to, said Robert Egan, until recently acting commissioner of New York City's Department of Consumer Affairs, "is an attempt on the part of the major drug companies to have their cake and eat it too."

Reached in Washington, the industry's leading national representative, C. Joseph Stetler, president of the Pharmaceutical Manufacturers Association, said in response: "There's no doubt a big push toward genericism in the drug business. But I can't see how the consumer is being disadvantaged, when he's getting a quality product with a brand name at a lower price."

### Pharmacists' Objections

What a purchaser and pharmacist-handler of a branded generic gets, Mr. Stetler added, is greater quality assurance and protection against liability.

Such claims are disputed by the legislative critics, who say their research has disclosed no difference in general quality between generic and trade-named drugs. Nor, they said, have they come up with any case in which a generic manufacturer has been sued for a flaw in his product.

Other objections to the new law were raised in an interview by Sal J. Rubino, executive director of the Pharmacists Society of the State of New York, representing about 3,500 of the 12,000 druggists in the state.

He said: "Does the consumer have the right to override—to select a trade name if he or she wants? No. If a pharmacist doesn't stock the generic, what is he going to do, send the customer elsewhere? Do I have to duplicate my entire stock?"

Assemblyman Strelzin at the Jan. 12 hearing in Albany, was equally firm. "I serve warning to the drug companies and to the heavy-handed Pharmaceutical Manufacturers Association that we intend to play hard ball," he said. He added that as long as he was consumer chairman, "attempts to weaken the impact of our law on the consumer will be exposed and resisted."

THE NEW YORK TIMES

FEBUARY 24, 1978.

**Defendant's Exhibit 6 (Inwood)**

SMITH KLINE & FRENCH - Approved Drugs Actually Manufactured by Small

| | |
|---|---|
| SK-Dexamethasone Tablets 0.5,0.75, 1.5 mg | Philips Roxane Labs |
| SK-Quinidine Sulfate Tablets 200 mg | " |
| SK-APAP with Codeine Tablets 325 mg/15,30,60 mg | " |
| SK-Triamcinolene Tablets 2,4 mg ("Aristocort" Lederle) ("Kenacort" Squibb) | " |
| SK-Prednisone Tablets 5 mg | " |

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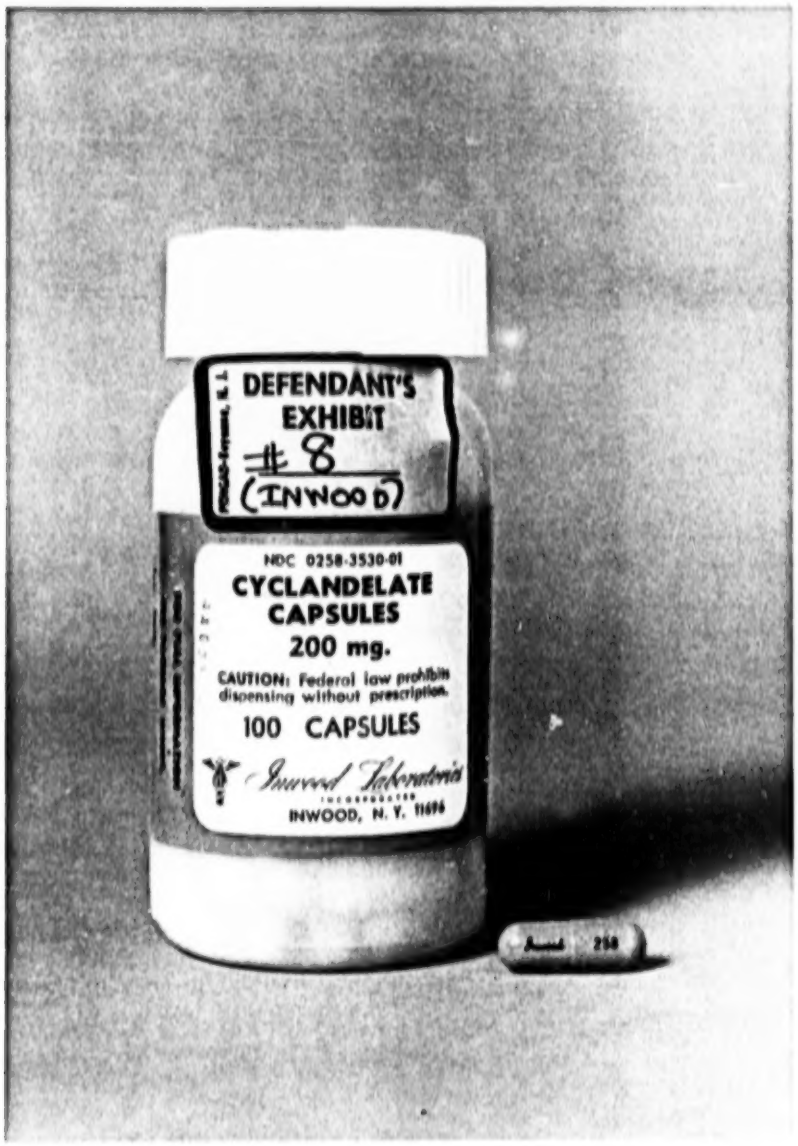
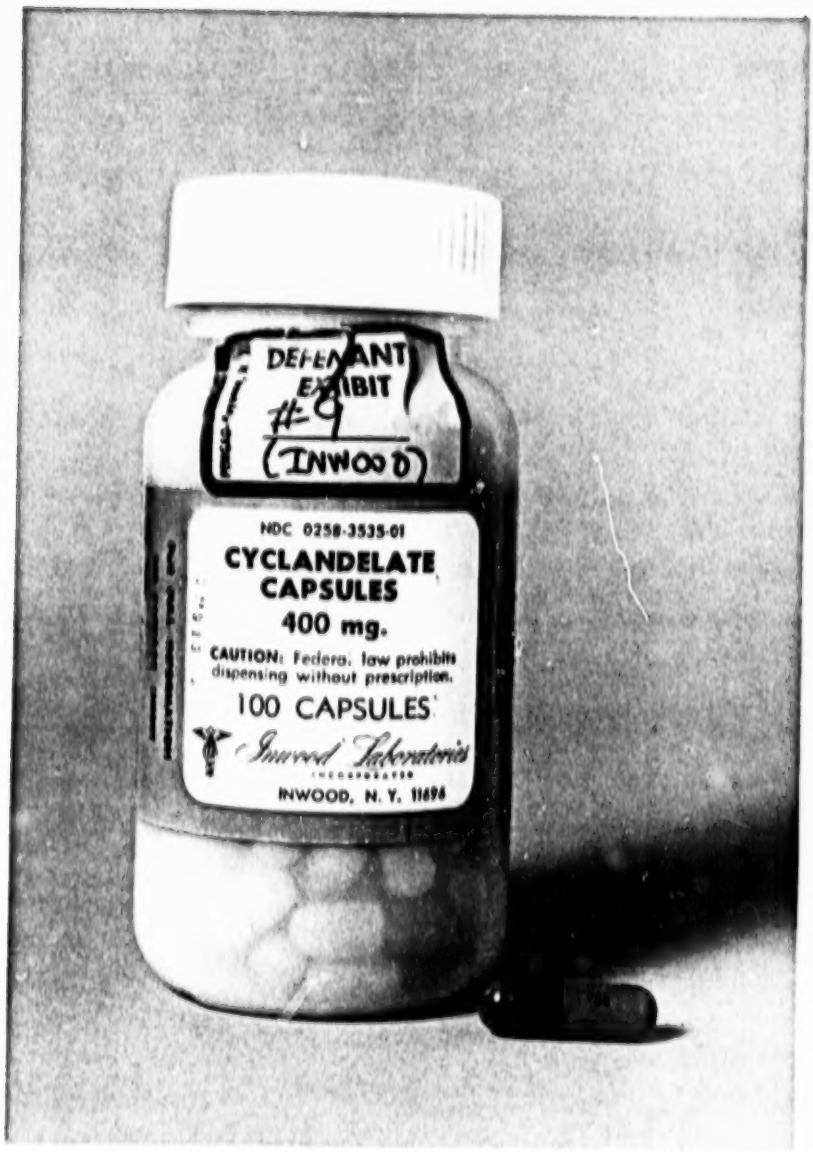
**Defendant's Exhibit 6 (Inwood)**

## DEFENDANT'S EXHIBIT 8 (INWOOD)



**DEFENDANT'S EXHIBIT 9 (INWOOD)**



# DEFENDANT'S EXHIBIT 11 (INWOOD)

State of New Jersey

Purchase Bureau

Trenton, New Jersey

CUSTOMER UNDERSTANDS ORDER IS SUBJECT TO ACCEPTANCE BY IVES AT ITS HOME OFFICE AND IF ACCEPTED, SHIPMENT WILL BE MADE WITHOUT FURTHER CONFIRMATION.

☒ QUOTATION REQUEST

THIS IS A REQUEST FOR QUOTATION. IT IS NOT AN ORDER.

REPRESENTATIVE'S INSTRUCTIONS FOR PREPARATION: PREPARE FORM WITH BALLPOINT PEN AND PRESS FIRMLY ON HARD SURFACE. FORWARD ALL COPIES TO - QUOTATIONS DEPT., IVES LABORATORIES INC., 685 THIRD AVE., NEW YORK, N.Y. 10017

| DATE | CUSTOMER ORDER NO. | CUSTOMER CLASS | CEA REGISTRATION NO. | TERRITORY NUMBER | SERVICING BRANCH |
|---|---|---|---|---|---|
| 5/26/77 | 4004 | | 77-5-26-02 | 1601 | Secaucus |

COMPLETE COMPETITIVE INFORMATION BELOW. RM WILL BE RETURNED IF THIS SECTION IS NOT COMPLETED.

SHOW IVES PACKAGE, QUANTITY, AND PRICE REQUIRED OPPOSITE APPLICABLE COMPETITIVE INFORMATION.

| COMPETITOR PRODUCT | Quantity | SIZE | UNIT PRICE | NDC | Quantity | DESCRIPTION | SIZE | UNIT PRICE | Discount Dept. Use |
|---|---|---|---|---|---|---|---|---|---|
| | | | | 4152-1 | | Isor Titradose 5mg | 100 | 3.65 | |
| | | | | 4152-3 | | Isor Titradose 5mg | 1000 | 34.18 | |
| | | | | 4124-4 | | Cyclo 200mg | 1000 | 65.38 | |
| | | | | | | | | | |
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REPRESENTATIVE'S COMMENTS:
(ATTACH ALL AVAILABLE DOCUMENTS SUPPORTING COMPETITIVE INFORMATION LISTED ABOVE. STATE SOURCE OF INFORMATION IF NO DOCUMENTS AVAILABLE).

EXTEND TO #1 CLASS 17

DEFENDANT'S EXHIBIT (INWOOD)

REPRESENTATIVE'S SIGNATURE AND DATE

QUOTATIONS UNIT COMMENTS:

Contract period: 7/1/77 - 6/30/78
Terms: 2% 10 days; Net 30 days

IF FIRST ORDER IS NOT RECEIVED WITHIN 90 DAYS OF APPROVAL DATE, THIS QUOTATION IS VOID.

QUOTATIONS DEPT. APPROVAL SIGNATURE AND DATE
Mario Moschitta 5/26/77

BRANCH COMMENTS:

DATE OF FIRST ORDER:

AMOUNT OF FIRST ORDER:

(Branch: Enter information above and return green copy to Quot. Dept.)

IVES LABORATORIES

QUOTATIONS DEPT. COPY

997-E(10/73)

**Defendant's Exhibit 11 (Inwood)**

NEW JERSEY
DEPARTMENT OF THE TREASURY DG
DIVISION OF PURCHASE AND PROPERTY

# PURCHASE BUREAU
# ADVERTISED BID PROPOSAL

| PURCHASE ORDER DATE | ITEMS | PURCHASE ORDER NO | ACCOUNT NO |
|---|---|---|---|
| CONTRACT NO | WAIVER NO / CODE | REQUISITION NO | CONTROL NO |
| COMMODITY CLASSIFICATION: Various General Drugs (X-297) | | DATE OF PROPOSAL: MAY 12 1977 | FISCAL YEAR: 1979 |

NAME AND ADDRESS (CORRECT ANY CHANGE IN ADDRESS AND ADD ZIP CODE)
Ayes Laboratories Inc
Sub American Home Prod
685 Third Avenue
New York, NY 10017

THIS BID PROPOSAL WILL BE PUBLICLY OPENED AND READ AT 2:00 P.M. ON: DATE OF BID OPENING: JUN - 6 1977

THIS PROPOSAL MUST BE RETURNED IN THE SELF ADDRESSED ENCLOSED ENVELOPE TO BE RECEIVED BEFORE 2:00 P.M. ON ABOVE DATE TO N.J. STATE PURCHASE BUREAU 4TH FLOOR STATE HOUSE TRENTON N.J. PROPOSALS WILL NOT BE ACCEPTED AFTER ABOVE TIME AND DATE

ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO
Mr. Wagner BUYER
PURCHASE BUREAU STATE HOUSE TRENTON N.J. 08625

SHIP TO:
Various State Agencies

BILL TO:
Various State Agencies

*(Proposal to include delivery of following items F.O.B. DESTINATION.)*

## GENERAL INFORMATION

COMMODITY CLASSIFICATION
Various General Drugs

CONTRACT PERIOD: From July 1, 1977 To June 30, 1978

Estimated Amount of Contract: $ 750,000.00

Amount of Bid Deposit: $ none

Amount of Performance Bond to Successful Contractor(s): $ none

The following paragraphs of the attached terms and conditions do not apply.

NOTE: 1. All vendors not returning bids or indicating desire to receive future proposals will be removed from vendor's list.

When inserting price bidder must insert brand and product number, leave contract No. Space Blank.

All prices quoted shall be firm and not subject to increase during the period of the contract.

NOTE: Performance Bond is not required. However, the State will pay invoices only when the contractor has complied with all terms and conditions of the contract.

Notice - Bid deposit is not required on this proposal. Failure to hold price(s) for the period indicated on your bid, may result in suspension or debarment.

Page 1 of 60

INSTRUCTIONS TO AND INFORMATION TO BE COMPLETED BY VENDOR: This is an ADVERTISED BID. Note details and conditions concerning Annual Bid Bond, Certified Check described below. Read all instructions, terms and conditions on front and back of proposal and fill in completely. Each price sheet attached must be properly filled in and returned with proposal. Bidder must sign proposal and each price sheet in ink. Failure to return all parts of this proposal may result in rejection of this bid.

This is an Advertised Bid. Bid must be accompanied by a certified check payable to the order of the Treasurer of the State of New Jersey for not less than 10% of the amount of the bid unless otherwise specified in Additional Terms and Conditions. An individual Bid Bond or Annual Blanket Bid Bond issued by an acceptable surety company authorized to do business in the State of New Jersey, and acceptable to the Director, Division of Purchase and Property will be accepted as meeting this requirement.

The Annual Blanket Bid Bond is to cover the period ending June 30th next and must be on file on or before the date and time of the opening. Annual Blanket Bid Bond must be in a sufficient amount to cover the largest deposit of all bids under consideration. The successful bidder(s) will be required to submit a Performance Bond for 10% of the amount of the order(s) and/or contract(s) placed as a result of this proposal, unless otherwise specified in Additional Terms and Conditions.

1. DISCOUNT TERMS: 2% 10 days; Net 30 days
Discount terms of less than one per cent or discounts proposed for less than thirty days will not be considered as factors in award.

2. PRICES QUOTED FIRM TO YOU FOR THOSE ORDERS PLACED DURING FOLLOWING DATE: 10 days after receipt of order

3. TELEPHONE NUMBER: 212/986-1000

4. BIDDER'S FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: 13-1998397

SIGNATURE OF BIDDER (and must be manual): John Kashickey

TITLE: Asst. Sales Manager

DATE: 5/26/77

ADDITIONAL TERMS AND CONDITIONS OF THIS PROPOSAL ON REVERSE SIDE

| ITEM # | DESCRIPTION | SIZE | BRAND | PRODUCTS NO. | STANDARD PACKAGING | PRICE | VENDOR | CONTRACT # |
|---|---|---|---|---|---|---|---|---|
| 421 | Conjugated Estrogens Tablet USP | 0.625 mg | | | 100 | | | |
| | | | | | 1000 | | | |
| 422 | Conjugated Estrogens Tablet USP | 1.25 mg | | | 100 | | | |
| | | | | | 1000 | | | |
| 422A | Cyclandelate Capsules Blue Color | 1000 | | | 1000 | | | |
| | | | CYCLOSPASMOL | 82-4124-4 | 10 x 1000 | 65.38/M | Ives Laboratories Inc | |
| 423 | Desipramine HCL | 25 mg | | | 1000 | | | |
| | | 50 mg | | | 1000 | | | |
| 424 | Dexamethasone | 0.75 mg | | | 50 | | | |
| | | | | | 250 | | | |
| 426 | Dicumarol Tablets | 50 mg | | | 1000 | | | |
| 427 | Dicumarol Tablets | 100 mg | | | 100 | | | |
| 428 | Diethylstilbestrol E.C. | 1 mg. | | | 1000 | | | |
| | | 5 mg | | | 1000 | | | |
| 429 | Digitoxin Tablets | 0.1 mg | | | 1000 | | | |
| 430 | Digitoxin Tablets | 0.2 mg | | | 1000 | | | |

835a Defendant's Exhibit 11 (Inwood)

**Defendant's Exhibit 11 (Inwood)**

SHIP TO:

State of New Jersey

Purchase Bureau

Trenton, New Jersey

☐ **QUOTATION ORDER**

CUSTOMER UNDERSTANDS ORDER IS SUBJECT TO ACCEPTANCE BY IVES AT ITS HOME OFFICE AND IF ACCEPTED, SHIPMENT WILL BE MADE WITHOUT FURTHER CONFIRMATION.

☒ **QUOTATION REQUEST**

THIS IS A REQUEST FOR QUOTATION. IT IS NOT AN ORDER.

-935e-

REPRESENTATIVE'S INSTRUCTIONS FOR PREPARATION: PREPARE FORM WITH BALLPOINT PEN AND PRESS FIRMLY ON HARD SURFACE. FORWARD ALL COPIES TO - QUOTATIONS DEPT., IVES LABORATORIES INC., 685 THIRD AVE., NEW YORK, N.Y. 10017.

| DATE | CUSTOMER ORDER NO. | CUSTOMER CLASS | DEA REGISTRATION NO. | TERRITORY NUMBER | SERVICING BRANCH |
|---|---|---|---|---|---|
| 5/10/76 | | | | 11.01 | Secaucus |

COMPLETE COMPETITIVE INFORMATION BELOW. FORM WILL BE RETURNED IF THIS SECTION IS NOT COMPLETED.

SHOW IVES PACKAGE, QUANTITY, AND PRICE REQUIRED OPPOSITE APPLICABLE COMPETITIVE INFORMATION.

| COMPETITOR PRODUCT | Quantity | SIZE | UNIT PRICE | NDC | Quantity | DESCRIPTION | SIZE | UNIT PRICE | QUOTATIONS DEPT. USE |
|---|---|---|---|---|---|---|---|---|---|
| | | | | 4124-4 | | Cyclo | 1000 | 65.38 | |
| | | | | 4131-1 | | Isor 5mg Oral | 100 | 3.48 | |
| | | | | 4131-4 | | Isor 5mg Oral | 1000 | 32.55 | |
| | | | | | | | | | |
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| | | | | | | | | | |

REPRESENTATIVE'S COMMENTS:

ATTACH ALL AVAILABLE DOCUMENTS SUPPORTING COMPETITIVE INFORMATION LISTED ABOVE. STATE SOURCE OF INFORMATION IF DOCUMENTS AVAILABLE).

REPRESENTATIVE'S SIGNATURE AND DATE

QUOTATIONS UNIT COMMENTS:

Terms: 2% 10 days; Net 30 days
Contract period: 7/1/76 - 6/30/77

IF FIRST ORDER IS NOT RECEIVED WITHIN 30 DAYS OF APPROVAL DATE, THIS 997 IS VOID.

QUOTATIONS DEPT. APPROVAL SIGNATURE AND DATE

Mario Moschitta 5/10/76

BRANCH COMMENTS:

DATE OF FIRST ORDER: _____

AMOUNT OF FIRST ORDER: _____

(Branch: Enter information above and return green copy to Quot. Dept.).

IVES LABORATORIES

(10/75)

QUOTATIONS DEPT COPY

Defendant's Exhibit 11 (Inwood)

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY MC
DIVISION OF PURCHASE AND PROPERTY

# PURCHASE BUREAU
# ADVERTISED BID PROPOSAL

| PURCHASE ORDER DATE | ITEM -936e- | PURCHASE ORDER NO | ACCOUNT NO |
|---|---|---|---|
| CONTRACT NO | WAIVER NO / CODE | REQUISITION NO | CONTROL NO |
| COMMODITY CLASSIFICATION: VARIOUS GENERAL DRUGS (X96) | DATE OF PROPOSAL: APR 27 1976 | FISCAL YEAR: 1977 | |

BIDDER'S NAME AND ADDRESS. (CORRECT ANY CHANGE IN ADDRESS AND ADD ZIP CODE)

Ives Laboratories Inc
Sub.American Home Prod
685 Third Ave
New York, NY 10017

THIS BID PROPOSAL WILL BE PUBLICLY OPENED AND READ AT 2:00 P.M. ON ⇨ DATE OF BID OPENING: MAY 17 1976

THIS PROPOSAL MUST BE RETURNED IN THE SELF ADDRESSED ENCLOSED ENVELOPE BEFORE 2:00 P.M. ON ABOVE DATE TO N.J. STATE PURCHASE BUREAU, 4TH FLOOR STATE HOUSE TRENTON N.J. PROPOSALS SHALL NOT BE ACCEPTED AFTER ABOVE TIME AND DATE

ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO: Mr. Wagner (BUYER)
PURCHASE BUREAU STATE HOUSE TRENTON N.J. 08625

SHIP TO: VARIOUS STATE AGENCIES

BILL TO: VARIOUS STATE AGENCIES

*(Proposal to include delivery of following items F.O.B. DESTINATION.)*

## GENERAL INFORMATION

COMMODITY CLASSIFICATION: VARIOUS GENERAL DRUGS

CONTRACT PERIOD: ⇨ From July 1, 1976 To June 30, 1977

| Estimated Amount of the Contract | Amount of Bid Deposit | Amount of Performance Bond to Successful Contractor(s) |
|---|---|---|
| $ 730,000.00 | $ 1,000.00 | $ 10% of Awa: |

The following paragraph 1 of the attached terms and conditions do not apply.

REMARKS: NOTE: 1. All vendors not returning bids or indicating desire to receive future proposals will be removed from vendor's list.

When inserting price bidder must insert brand and product number, leave contract No. Space Blank

All prices quoted shall be firm and not subject to increase during the period of the contract.

INSTRUCTIONS TO AND INFORMATION TO BE COMPLETED BY VENDOR: This is an ADVERTISED BID. Note extra conditions concerning Annual Bid Bond, Certified Check described below. Read all instructions, terms and conditions on front and back of proposal and fill in completely. Each price sheet attached must be completely filled in and returned with proposal. Bidder must sign proposal and each price sheet in ink. Failure to return all parts of this proposal may result in rejection of this bid.

CHECK ONE BOXES

- ☐ ANNUAL BID BOND ON FILE
- ☐ INDIVIDUAL BID BOND ATTACHED
- ☐ CERTIFIED CHECK ATTACHED

This is an Advertised Bid. Bid must be accompanied by a certified check drawn to the order of the Treasurer of the State of New Jersey for not less than 10% of the amount of the bid unless otherwise specified in Additional Terms and Conditions. An Individual Bid Bond or Annual Blanket Bid Bond issued by an insurance or surety company authorized to do business in the State of New Jersey, and acceptable to the Director, Division of Purchase and Property will be accepted as meeting this requirement.

The Annual Blanket Bid Bond is to cover the period ending June 30th and must be on file on or before the date and time of bid opening. An Annual Blanket Bid Bond must be in a sufficient amount to cover the required deposit of all bids under consideration. The successful bidder is required to submit a Performance Bond for 10% of the amount of order(s) and/or contract(s) placed as a result of this proposal, unless otherwise specified in Additional Terms and Conditions.

1. CASH DISCOUNT TERMS: 2% 10 days; Net 30 days
(A CASH DISCOUNT TERM OF LESS THAN ONE PER CENT OR DISCOUNT PERIODS OF LESS THAN TWENTY (20) DAYS WILL NOT BE CONSIDERED AS FACTORS IN AWARD OF CONTRACT)

3. PRICES QUOTED FOR F.O.B. DESTINATION UNLESS OTHERWISE NOTED

4. TELEPHONE NUMBER: 212/986-1000

5. DELIVERY: WITHIN (TIME) AS LISTED IN THE PROPOSAL: 10 DAYS / WEEKS (AFTER RECEIPT OF ORDER)

2. BIDDER'S FEDERAL EMPLOYER'S IDENTIFICATION NUMBER: 13-1998397

6. SIGNATURE OF BIDDER (INK OR TYPED): John Kashickev

7. TITLE: Asst. Sales Manager

DATE: 4/29/

PO 810 Rev.

ADDITIONAL TERMS AND CONDITIONS OF THIS PROPOSAL ON REVERSE SIDE

| ITEM NO. | DESCRIPTION | SIZE | BRAND | PRODUCT NO. | STANDARD PACKAGING | PRICE | VENDOR | CON. TRACT NO. |
|---|---|---|---|---|---|---|---|---|
| 422A | Cyclandelate Capsules Blue Color — | 1000 | Cyclospasmol | 82-4124-4 | 1000<br>10 x 1000 | 65.38/M | Ives Laborator | |
| 423 | Desipramine HCL | 25 mg.<br>50 mg. | | | 1000<br>1000 | | | |
| 424 | Dexamethasone | 0.75 mg. | | | 50<br>250 | | | |
| 426 | Dicumarol Tablets | 50 mg. | | | 1000 | | | |
| 427 | " " | 100 mg. | | | 100<br>1000 | | | |
| 428 | Diethylstilbestrol E.C. | 1 mg.<br>5 mg. | | | 1000 | | | |
| 429 | Digitoxin Tablets | 0.1 mg. | | | 1000 | | | |
| 430 | " " | 0.2 mg. | | | 1000 | | | |
| 431 | Digoxin " | 0.25 mg. | | | 1000 | | | |
| 431A | Digoxin Tablets | UNIT DOSE | | | 10 strips of 10/bx | | | |
| 432 | " " | 0.5 mg. | | | 1000 | | | |
| 432A | Digoxin Tablets (BIDDER SPECIFY HARD DRY FILLED OR SOFT LIQUID FILLED GELATIN CAPSULE) | UNIT DOSE | | | | | | |
| 433 | Dioctyl Sodium Sulfosuccinate Capsules (BIDDER SPECIFY HARD DRY FILLED OR SOFT LIQUID FILLED GELATIN CAPSULE) | 100 mg. | | | 250<br>1000 | | | |
| 434 | Dioctyl Sodium Sulfosuccinate Capsules | 250 mg. | | | 250<br>1000 | | | |
| 435 | Doxepin HCl Capsules | 10 MG<br>25 Mg.<br><br><br><br>50 mg | | | 1000<br>x1000<br>10 x1000<br>25 x1000<br>50 x1000<br>1000<br>10x1000<br>25x1000<br>50x1000 | | | |

838a
Defendant's Exhibit 11 (Inwood)
-937e-

# EXHIBIT C OF STEMPEL AFFIDAVIT

## NATIONAL BRAND DRUGS AND GENERIC DRUGS HAVING IDENTICAL APPEARANCES

| NAT BRAND DRUGS | GENERIC DRUGS |
|---|---|
| 1 | 1A |
| 2 | 2A 2B 2C |
| 3 | 3A 3B |
| 4 | 4A 4B |
| 5 | 5A 5B 5C |
| 6 | 6A 6B |
| 7 | 7A |
| 8 | 8A |
| 9 | 9A 9B |
| 10 | 10A |
| 11 | 11A |
| 12 | 12A |
| 13 | 13A 13B 13C 13D 13E |
| 14 | 14A |
| 15 | 15A |
| 16 | 16A |
| 17 | 17A 17B |
| 18 | 18A 18B |
| 19 | 19A |
| 20 | 20A |
| 21 | 21A 21B |
| 22 | 22A |
| 23 | 23A |
| 24 | 24A |
| 25 | 25A |
| 26 | 26A 26B 26C 26D |
| 27 | 27A 27B |
| 28 | 28A 28B |
| 29 | 29A 29B 29C |
| 30 | 30A |
| 31 | 31A 31B |
| 32 | 32A |
| 33 | 33A |
| 34 | 34A |
| 35 | 35A |
| 36 | 36A 36B 36C |
| 37 | 37A 37B 37C |
| 38 | 38A |
| 39 | 39A |
| 40 | 40A 40B |
| 41 | 41A |
| 42 | 42A |
| 43 | 43A |
| 44 | 44A 44B |
| 45 | 45A 45B |
| 46 | 46A 46B |
| 47 | 47A 47B |
| 48 | 48A |
| 49 | 49A |
| 50 | 50A |
| 51 | 51A |
| 52 | 52A |
| 53 | 53A |
| 54 | 54A 54B |
| 55 | 55A |
| 56 | 56A |
| 57 | 57A 57B |
| 58 | 58A |
| 59 | 59A |
| 60 | 60A |
| 61 | 61A 61B 61C |
| 62 | 62A |
| 63 | 63A 63B 63C 63D |
| 64 | 64A 64B |
| 65 | 65A |
| 66 | 66A 66B 66C |
| 67 | 67A |
| 68 | 68A |
| 69 | 69A |
| 70 | 70A |
| 71 | 71A 71B |
| 72 | 72A |
| 73 | 73A 73B 73C |
| 74 | 74A |
| 75 | 75A |
| 76 | 76A |
| 77 | 77A |
| 78 | 78A |
| 79 | 79A |
| 80 | 80A |
| 81 | 81A |
| 82 | 82A |
| 83 | 83A |
| 84 | 84A |
| 85 | 85A |
| 86 | 86A |
| 87 | 87A |
| 88 | 88A |
| 89 | 89A |
| 90 | 90A |

DEFENDANT'S EXHIBIT 4 (PREMO)

839a

# DEFENDANT'S EXHIBIT 5 (PREMO)

## KEY TO EXHIBIT C OF STEMPEL AFFIDAVIT

On Exhibit C each national brand product is designated by a plain Arabic number, for example, "1". Each equivalent generic drug of that national brand product is designated by the same number but a capital letter is also included, the first generic equivalent being, for example, "1A", the next, if any, "1B", and so on.

To correlate the products depicted on Exhibit C with the names of the drugs and the names of the national brand manufacturers and generic drug suppliers (manufacturers and distributors), the following listing is furnished. In the listing, the national brand name of the drug is set forth; then the name of the national brand manufacturer thereof is listed after the number which designates the national brand product on the exhibit, and the name of the generic drug supplier is listed after the number and capital letter which designate the generic product on the exhibit.

Actifed

1. Burroughs Wellcome Co.
1A. Steri-Med, Inc.

Allbee with C

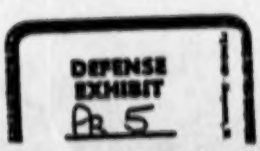
2. A. H. Robins Company
2A. Vitafore Products Co., Inc.
2B. Gen King
2C. Blue Cross Products, Inc.

Antivert 12.5 mg.

3. Roerig
3A. Rugby Laboratories, Inc.
3B. Steri-Med, Inc.

Antivert 25 mg.

4. Roerig
4A. Rugby Laboratories, Inc.
4B. Zenith Laboratories, Inc.



**Defendant's Exhibit 5 (Premo)**

Apresoline 25 mg.

5. Ciba Pharmaceutical Company
5A. Zenith Laboratories, Inc.
5B. West-Ward, Inc.
5C. Rogers Wholesalers, Inc.

Azo Gantrisin

6. Roche Laboratories
6A. Rugby Laboratories, Inc.
6B. West-Ward, Inc.

Bellergal

7. Dorsey Laboratories
7A. Spencer-Mead, Inc.

Roniacol Timespan

8. Roche Laboratories
8A. Bolar Pharmaceutical Co.

Benedryl

9. Parke, Davis & Company
9A. Zenith Laboratories, Inc.
9B. Danbury Pharmaceuticals

Benemid

10. Merck Sharp & Dohme
10A. Three P Products Corp.

Bentyl

11. Merrell-National Laboratories
11A. Bolar Pharmaceutical Co.

Cafergot

12. Sandoz Pharmaceuticals
12A. Richlyn Laboratories, Inc.

Chlor-Trimeton 4 mg.

13. Schering Corporation
13A. American Pharmaceutical Co.
13B. Generic Pharmaceutical Corp.
13C. Wolins Pharmacal Company
13D. Barr Laboratories, Inc.
13E. Superon Drugs

Chlor-Trimeton 8 mg.

14. Schering Corporation
14A. Panray Div., Ormont Drug & Chemical Co.

**Defendant's Exhibit 5 (Premo)**

Chlor-Trimeton 12 mg.

15. Schering Corporation
15A. Rogers Wholesalers, Inc.

Combid

16. Smith Kline & French Laboratories
16A. Rugby Laboratories, Inc.

Cyclospasmol 200 mg.

17. Ives Laboratories, Inc.
17A. Premo Pharmaceutical Laboratories, Inc.
17B. MD Pharmaceutical Company, Inc.

Cyclosopasmol 400 mg.

18. Ives Laboratories, Inc.
18A. Premo Pharmaceutical Laboratories, Inc.
18B. Inwood Laboratories, Inc.

Decadron

19. Merck, Sharp & Dohme
19A. Three P Products Corp.

Dimetane

20. A. H. Robins Company
20A. Danbury Pharmaceuticals

Dimetapp Extentabs

21. A. H. Robins Company
21A. Bioline Laboratories, Inc.
21B. Premo Pharmaceutical Laboratories, Inc.

Diuril 250 mg.

22. Merck Sharp & Dohme
22A. Steri-Med, Inc.

Diuril 500 mg.

23. Merck Sharp & Dohme
23A. Steri-Med, Inc.

Donnatal

24. A. H. Robins Company
24A. Steri-Med, Inc.

Dramamine

25. Searle Laboratories
25A. West-Ward, Inc.

**Defendant's Exhibit 5 (Premo)**

Dulcolax

26. Boehringer Ingelheim Ltd.
26A. Gen King
26B. American Pharmaceutical Co.
26C. Bioline Laboratories, Inc.
26D. Columbia Medical Company

Elavil 10 mg.

27. Merck Sharp & Dohme
27A. Biocraft Labs., Inc.
27B. Steri-Med, Inc.

Elavil 25 mg.

28. Merck Sharp & Dohme
28A. Biocraft Labs., Inc.
28C. Steri-Med, Inc.

Elavil 50 mg.

29. Merck Sharp & Dohme
29A. Biocraft Labs., Inc.
29B. Rugby Laboratories, Inc.
29C. Steri-Med, Inc.

Ecotrin

30. Smith Kline & French Laboratories
30A. Spencer-Mead, Inc.

Feosol

31. Smith Kline & French Laboratories
31A. Premo Pharmaceutical Laboratories, Inc.
31B. Zenith Laboratories, Inc.

Fergon

32. Breon Laboratories, Inc.
32A. Blue Cross Products, Inc.

Furadantin 50 mg.

33. Eaton Laboratories, Inc.
33A. Zenith Laboratories, Inc.

Furadantin 100 mg.

34. Eaton Laboratories, Inc.
34A. Steri-Med, Inc.

Gantrisin

35. Roche Laboratories
35A. Heather Drug Co.

**Defendant's Exhibit 5 (Premo)**

Hydrodiuril 25 mg.

36. Merck Sharp & Dohme
36A. Bolar Pharmaceutical Co.
36B. Henry Schein, Inc.
36C. J. Dans Labs.

Hydrodiuril 50 mg.

37. Merck Sharp & Dohme
37A. Inwood Laboratories, Inc.
37B. Gen King
37C. Bioline Laboratories, Inc.

Hydropres 25 mg.

38. Merck Sharp & Dohme
38A. Danbury Pharmaceuticals

Hydropres 50 mg.

39. Merck Sharp & Dohme
39A. Zenith Laboratories, Inc.

Isordil 5 mg.

40. Ives Laboratories, Inc.
40A. Three P Products Corp.
40B. Steri-Med, Inc.

Isordil 5 mg. Sub-Lingual

41. Ives Laboratories, Inc.
41A. Spencer-Mead, Inc.

Isordil 10 mg.

42. Ives Laboratories, Inc.
42A. Steri-Med, Inc.

Isordil Tembids 40 mg.

43. Ives Laboratories, Inc.
43A. Three P Products Corp.

Lanoxin

44. Burroughs Wellcome Co.
44A. Steri-Med, Inc.
44B. Zenith Laboratories, Inc.

Larotid

45. Roche Laboratories
45A. Three P Products Corp.
45B. Biocraft Labs., Inc.

**Defendant's Exhibit 5 (Premo)**

Macrodantin 50 mg.

46. Eaton Laboratories, Inc.
46A. Rugby Laboratories, Inc.
46B. Bolar Pharmaceutical Co.

Macrodantin 100 mg.

47. Eaton Laboratories, Inc.
47A. Rugby Laboratories, Inc.
47B. Bolar Pharmaceutical Co.

Mandelamine

48. Warner/Chilcott
48A. Henry Schein, Inc.

Marax

49. Roerig
49A. Three P Products Corp.

Miltrate

50. Wallace Laboratories
50A. Spencer-Mead, Inc.

Neomycin Sulfate

51. Eli Lilly and Company
51A. Steri-Med, Inc.

Nitro-Bid 2.5 mg.

52. Marion Laboratories, Inc.
52A. Henry Schein, Inc.

Nitro-Bid 6.5 mg.

53. Marion Laboratories, Inc.
53A. Three P Products Corp.

Norgesic

54. Riker Laboratories, Inc.
54A. Inwood Laboratories, Inc.
54B. Zenith Laboratories, Inc.

Orinase

55. The Upjohn Company
55A. Premo Pharmaceutical Laboratories, Inc.

Ornade

56. Smith Kline & French Laboratories
56A. Spencer-Mead, Inc.

**Defendant's Exhibit 5 (Premo)**

Pavabid

57. Marion Laboratories, Inc.
57A. Henry Schein, Inc.
57B. Halsey Drug Co.

Peri-Colace

58. Mead Johnson & Company
58A. Bioline Laboratories, Inc.

Peritrate 20 mg.

59. Warner/Chilcott
59A. Bioline Laboratories, Inc.

Peritrate 10 mg.

60. Warner/Chilcott
60A. Halsey Drug Co.

Polycillin

61. Bristol Laboratories
61A. Bioline Laboratories, Inc.
61B. Pierrel American, Inc.
61C. Biocraft Labs., Inc.

Premarin .625 mg.

62. Ayerst Laboratories
62A. Alliance Laboratories, Inc.

Premarin 1.25 mg.

63. Ayerst Laboratories
63A. Rugby Laboratories, Inc.
63B. Invenex Pharmaceuticals
63C. Three P Products Corp.
63D. Strong, Cobb, Arner, Inc.

Pronestyl 250 mg.

64. E. R. Squibb & Sons
64A. Rugby Laboratories, Inc.
64B. Aberdeen Pharmacal Corp.

Pronestyl 500 mg.

65. E. R. Squibb & Sons
65A. Zenith Laboratories, Inc.

Pro-Banthine

66. Searle & Co.
66A. Lederle Laboratories
66B. Three P Products Corp.
66C. Mylan Pharm., Inc.

**Defendant's Exhibit 5 (Premo)**

Pyribenzamine

67. Ciba Pharmaceutical Company
67A. Premo Pharmaceutical Laboratories, Inc.

Pyridium

68. Warner/Chilcott
68A. Premo Pharmaceutical Laboratories, Inc.

Quibron

69. Mead Johnson & Company
69A. Rugby Laboratories, Inc.

Raudixin 50 mg.

70. E. R. Squibb & Sons
70A. Richlyn Laboratories, Inc.

Robaxin

71. A. H. Robins Company
71A. Barr Laboratories, Inc.
71B. Zenith Laboratories, Inc.

Senekot

72. The Purdue Frederick Company
72A. Spencer-Mead, Inc.

Ser-Ap-Es

73. Ciba Pharmaceutical Company
73A. Henry Schein, Inc.
73B. Zenith Laboratories, Inc.
73C. Spencer-Mead, Inc.

Serpasil

74. Ciba Pharmaceutical Company
74A. Premo Pharmaceutical Laboratories, Inc.

Theragran

75. E. R. Squibb & Sons
75A. Halsey Drug Co.

Sinutab

76. Warner/Chilcott
76A. Rugby Laboratories, Inc.

Tedral

77. Warner/Chilcott
77A. Steri-Med, Inc.

**Defendant's Exhibit 5 (Premo)**

Teldrin 12 mg.

78. Smith Kline & French Laboratories
78A. Spartan

Teldrin 8 mg.

79. Smith Kline & French Laboratories
79A. Spartan

Temaril

80. Smith Kline & French Laboratories
80A. Rogers Wholesalers, Inc.

Terramycin

81. Pfizer Laboratories
81A. Pierrel American, Inc.

Tetrex 250 mg.

82. Bristol Laboratories
82A. Rogers Wholesalers, Inc.

Tetrex 500 mg.

83. Bristol Laboratories
83A. Bioline Laboratories, Inc.

Thorazine

84. Smith Kline & French Laboratories
84A. The Interstate Drug Exchange, Inc.
84B. Zenith Laboratories, Inc.

Tofranil

85. Geigy Pharmaceuticals
85A. Cord Laboratories, Inc.

Triaminic

86. Dorsey Laboratories
86A. Henry Schein, Inc.

Trised

87. Webcon Pharmaceuticals
87A. Henry Schein, Inc.

Vasodilan

88. Mead Johnson & Company
88A. Premo Pharmaceutical Laboratories, Inc.

Defendant's Exhibit 5 (Premo)

Vibramycin

89. Pfizer Laboratories
89A. Three P Products Corp.

Larotid

90. Roche Laboratories
90A. Biocraft Labs., Inc.

**DEFENDANT'S EXHIBIT 22 (PREMO)**

| PREMO BRAND | TABLETS AND CAPSULES -771e- | NATIONAL BRAND |
|---|---|---|
| ALUPENT VIALMISTS | | ALUPENT VIALMISTS |
| ALLOPURINOL TABLETS 100MG | | ZYLOPRIM TABLETS |
| ALLOPURINOL TABLETS 300MG | | ZYLOPRIM TABLETS |
| *CHLORDIAZEPOXIDE HCl CAPSULES 5MG | | LIBRIUM CAPSULES |
| *CHLORDIAZEPOXIDE HCl CAPSULES 10MG | | LIBRIUM CAPSULES |
| *CHLORDIAZEPOXIDE HCl CAPSULES 25MG | | LIBRIUM CAPSULES |
| CHLORDINIUM SEALETS | | LIBRAX CAPSULES |
| CHLORTHALIDONE TABLETS 50MG | | HYGROTON TABLETS |
| CHLORTHALIDONE TABLETS 100MG | | HYGROTON TABLETS |
| CHLORZOXAZONE WITH APAP TABLETS | | PARAFON FORTE TABLETS |
| CYCLANDELATE CAPSULES 200MG | | CYCLOSPASMOL CAPSULES |
| CYCLANDELATE CAPSULES 400MG | | CYCLOSPASMOL CAPSULES |
| DIPYRIDAMOLE TABLETS | | PERSANTINE TABLETS |
| DOXINE TABLETS | | BENDECTINE TABLETS |
| DYCHIST S.A. TABLETS | | ANTIHISTAMINE/DECONGESTANT |
| HYDRALAZINE HCl TABLETS 25MG | | APRESOLINE TABLETS |
| HYDRALAZINE HCl TABLETS 50MG | | APRESOLINE TABLETS |
| HYDROXYZINE HCl TABLETS 10MG | | ATARAX TABLETS |
| HYDROXYZINE HCl TABLETS 25MG | | ATARAX TABLETS |
| HYDROXYZINE HCl TABLETS 50MG | | ATARAX TABLETS |
| HY-PAM CAPSULES 25MG | | VISTARIL CAPSULES |
| HY-PAM CAPSULES 50MG | | VISTARIL CAPSULES |
| IMIPRAMINE HCl TABLETS 10MG | | TOFRANIL TABLETS |
| IMIPRAMINE HCl TABLETS 25MG | | TOFRANIL TABLETS |
| IMIPRAMINE HCl TABLETS 50MG | | TOFRANIL TABLETS |
| INSULASE TABLETS (CHLORPROPAMIDE) | | DIABINESE TABLETS |
| ISOXSUPRINE HCl TABLETS 10MG | | VASODILAN TABLETS |
| ISOXSUPRINE HCl TABLETS 20MG | | VASODILAN TABLETS |
| *MEPROGESIC TABLETS | | EQUAGESIC TABLETS |
| MILPATH-HEX "200" TABLETS | | PATHIBAMATE/MILPATH TABLETS |
| MILPATH-HEX "400" TABLETS | | PATHIBAMATE/MILPATH TABLETS |
| MYSTATIN ORAL TABLETS | | MYCOSTATIN ORAL TABLETS |
| MYSTATIN VAGINAL TABLETS | | MYCOSTATIN VAGINAL TABLETS |
| PHENYLBUTAZONE ALKA CAPSULES | | BUTAZOLIDIN ALKA CAPSULES |
| *PROPOXYPHENE COMPOUND CAPSULES 65MG | | DARVON COMPOUND CAPSULES |
| *PROPOXYPHENE HCl CAPSULES 65MG | | DARVON CAPSULES |
| THEOPHEDRIZINE TABLETS | | MARAX TABLETS |
| TOLBUTAMIDE TABLETS | | ORINASE TABLETS |

Premo does not offer for sale the National brand products in Column II. Premo products li. in Column I contain the same active ingredient.

*CIV Product - DEA Number Required

12/1/79

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DEFENSE EXHIBIT FB 22

Premo Pharmaceutical Laboratories, Inc.
111 LEUNING ST., SO. HACKENSACK, N.J. U.S.A. 07606 / (201) 343-5000

**Defendant's Exhibit 22 (Premo)**

CREAMS

| | |
|---|---|
| BETA-VAL CREAM 15GM. | BETAMETHASONE VALERATE CREAM |
| BETA-VAL CREAM 45GM. | BETAMETHASONE VALERATE CREAM |
| MYCO TRIACET CREAM. | MYCOLOG CREAM |
| MYCOSTATIN CREAM. | MYCOSTATIN CREAM |
| TRIACET CREAM .025%. | KENALOG AND ARISTACORT CREAM |
| TRIACET CREAM .1%. | KENALOG AND ARISTACORT CREAM |
| TRIACET CREAM .5%. | KENALOG AND ARISTACORT CREAM |

Premo products are designed and manufactured for proper dispensing in accordance with all applicable State and Federal laws.

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